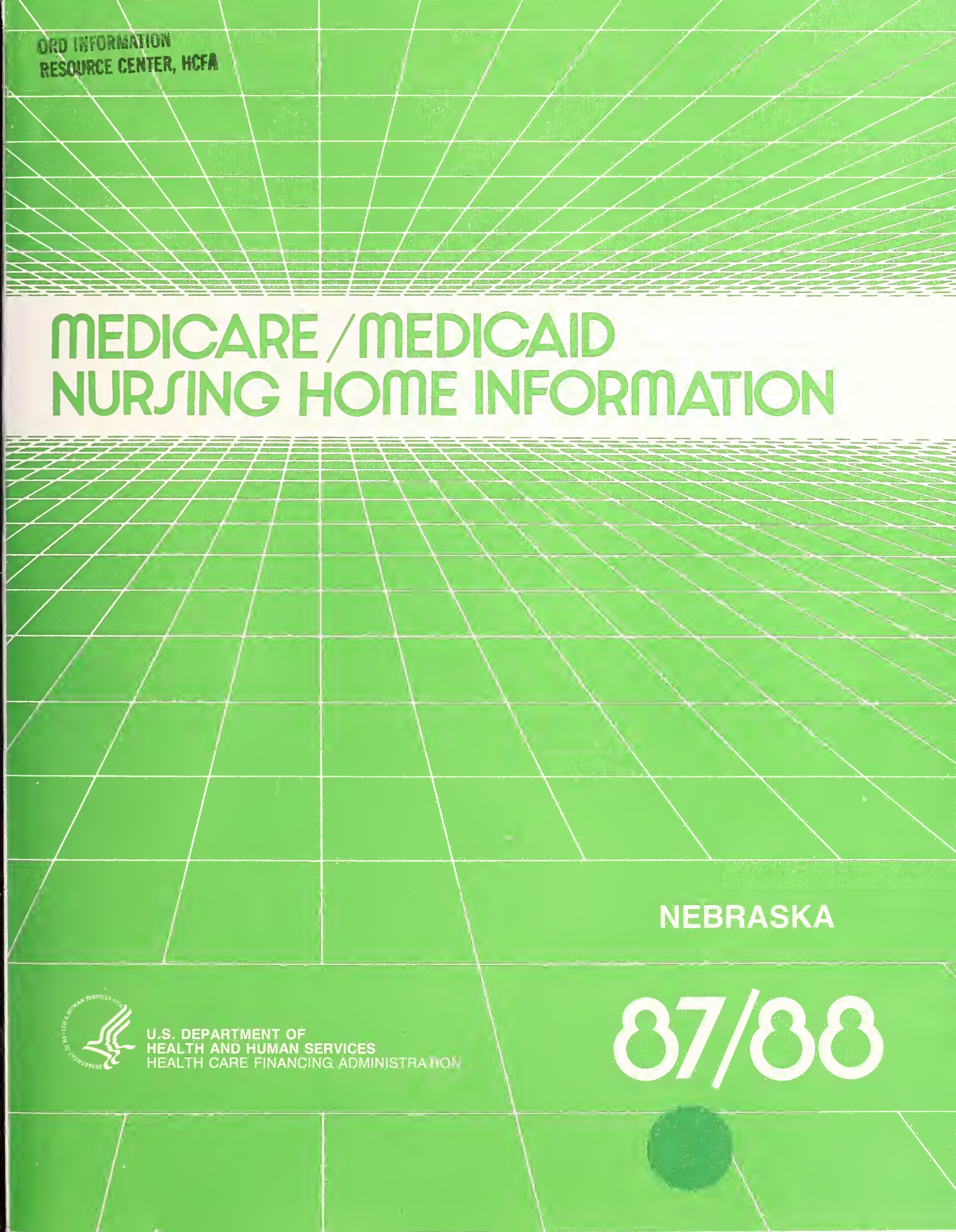
ORD INFORMATION
RESOURCE CENTER, HCFA



# MEDICARE / MEDICAID NURSING HOME INFORMATION

## NEBRASKA

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

## 87/88

.M43
1988
Nebraska

# MEDICARE/MEDICAID NURSING HOME INFORMATION

## 1987-1988

## NEBRASKA

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

# Table of Contents

Page

Introduction . . . . . I

Uses and Limitations . . . . . II

Description of the Survey and Certification Process . . . . . IV

Sources of Information . . . . . V

Further Considerations . . . . . XIII

Glossary of Terms . . . . . XVI

How to Read the Information . . . . . XVIII

Nursing Home Profiles . . . . . 1

**DEPARTMENT OF HEALTH & HUMAN SERVICES** Health Care Financing Administration

The Administrator
Washington, D.C. 20201

# INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

# USES AND LIMITATIONS

## Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

# DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

# SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

## Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

## State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

STATE OF NEBRASKA

DEPARTMENT OF HEALTH

**KAY A. ORR**
GOVERNOR

**GREGG F. WRIGHT, M.D., M.Ed.**
DIRECTOR

## OVERVIEW OF NURSING HOME LICENSURE PROGRAM

The Division of Licensure and Standards, Nebraska Department of Health, is the agency responsible for the licensure and inspection of all health care facilities, including nursing homes. To accomplish the necessary inspections, survey teams are located in Scottsbluff, Lexington, Grand Island, Norfolk, Omaha and Lincoln. Under existing law, each nursing home must be inspected at least once each year to ensure compliance with the Nebraska Nursing Home Act. In addition to those inspections, complaint investigations are also conducted. All inspections or investigations must be conducted unannounced and, if made because of a complaint, without revealing the identity of the complainant, if requested.

## OVERVIEW OF ENFORCEMENT SYSTEM

When, during the course of an inspection or investigation, the facility is found not in compliance and the deficiencies are not of a nature that would be either of an immediate or imminent danger to the health and safety of the residents, a follow-up visit would be made to determine the corrective action taken by the facility. Where other actions would be warranted by conditions in the facility, the Department may:

1. Issue a Provisional License - when the findings have a direct and immediate relationship to the health, safety, or security of the nursing home residents; or
2. Place a Prohibition on Admissions and Readmissions - when a violation creates an imminent danger or substantial possibility of death or serious physical harm to one or more of the residents; or
3. Appoint a Receiver - when licensure revocation is being taken or there is an immediate danger to the residents or the Department determines that an emergency exists and the licensee is either unwilling or unable to remedy the emergency.

301 CENTENNIAL MALL SOUTH
P. O. BOX 95007, LINCOLN, NEBRASKA 68509-5007
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

STATE OF NEBRASKA
DEPARTMENT OF HEALTH

**KAY A. ORR**
GOVERNOR

**GREGG F. WRIGHT, M.D., M.Ed.**
DIRECTOR

Resources Available to Consumers

Division of Licensure and Standards
Nebraska Department of Health
301 Centennial Mall South
Lincoln, NE 68509
Phone: 402/471-2946

Ombudsman (Public Counsel)
State Capitol, 8th Floor
P.O. Box 94712
Lincoln, NE 68509-4712
Phone: 402/471-2035

Adult Protective Services
Department of Social Services
301 Centennial Mall South
5th Floor
Lincoln, NE 68509
Phone: 402/471-3121

Medicaid Fraud
Department of Social Services
301 Centennial Mall South
Lincoln, NE 68509
Phone: 402/471-9365

Nursing Home Survey Results
Division of Licensure and Standards
Nebraska Department of Health
301 Centennial Mall South
Lincoln, NE 68509
Phone: 402/471-2946

State Office on Aging
Department on Aging
301 Centennial Mall South
5th Floor
Lincoln, NE 68509
Phone: 402/471-2306

**301 CENTENNIAL MALL SOUTH**
**P. O. BOX 95007, LINCOLN, NEBRASKA 68509-5007**
**AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

## Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

# AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

### Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

## OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

### Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

## HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston
Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York
New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia
Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta
Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago
Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas
Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City
Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver
Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco
Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle
Alaska, Idaho, Oregon,
and Washington

# FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

## General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

## Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

# GLOSSARY OF TERMS

## Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

**Catheter.** See **Urinary Catheter**.

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

**EXAMPLE**

### NURSING HOME PROFILE
### Happy Valley Nursing Home

| | | | |
|---|---|---|---|
| Street Address: | | City and State: | |
| Participation: | # of Beds: | Type of Ownership: | Survey Date: |

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

| | |
|---|---|
| **Name:** | Self-explanatory |
| **Street Address:** | Self-explanatory |
| **City and State:** | Self-explanatory |

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |

**Caution:** *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 78 | 83.0 | 81.0 | 81.0 |

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.* | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 6 | 5.0 | 489 | 5.0 |

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

# NURSING HOME PROFILE
# GOLD CREST RETIREMENT CENTER

| | |
|---|---|
| **Street Address:**<br>PO BOX 78 | **City and State:**<br>ADAMS NE 68301 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/21/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>7 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 84.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 90.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 43 | 86.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 86.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 66.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 32.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 10 | 20.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 18 | 36.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 27 | 54.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 4 | 8.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 26 | 52.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CTR OF AINSWORTH

| | |
|---|---|
| **Street Address:**<br>143 N FULLERTON ST | **City and State:**<br>AINSWORTH NE 69210 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>47 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>08/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>36 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>23 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 24 | 66.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 31 | 86.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 75.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 72.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 69.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 25.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 25.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 20 | 55.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 19 | 52.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 5.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 36.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WOLF MEM GOOD SAMARITAN CTR

| | |
|---|---|
| **Street Address:**<br>1222 SOUTH 7TH ST | **City and State:**<br>ALBION NE 68620 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>62 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 60 | 96.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 80.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 66.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 53 | 85.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 71.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.2 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 33.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 24.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 33.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 59.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 1 | 1.6 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>1016 EAST 6TH STREET | **City and State:**<br>ALLIANCE NE 69301 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>105 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>12/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>101 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>50 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 100 | 99.0 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 81 | 80.2 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 66 | 65.3 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 66.3 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 79 | 78.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 43 | 42.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 71 | 70.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 39 | 38.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 84 | 83.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 3.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 12.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPH GERONTOLOGY CENTER

| | |
|---|---|
| **Street Address:**<br>416 WEST 11TH STREET | **City and State:**<br>ALLIANCE NE 69301 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>01/26/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>49 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 81.6 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 93.9 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 77.6 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 65.3 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 51.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 7 | 14.3 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 16.3 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 18 | 36.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 7 | 14.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 30 | 61.2 | 49.9 | 58.4 |
| **Residents with bed sores.** | 5 | 10.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 16 | 32.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL VILLA GOOD SAMARITAN CTR

| | |
|---|---|
| **Street Address:**<br>719 NORTH BROWN | **City and State:**<br>ALMA NE 68920 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 71.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 64.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 64.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 64.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 24.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 10 | 18.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 24.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 69.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 20 | 37.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MUES C A MEM GOOD SAM CTR

| | |
|---|---|
| **Street Address:**<br>601 MAIN ST | **City and State:**<br>ARAPAHOE NE 68922 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>55 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>11/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 98.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 34 | 66.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 60.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 68.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 52.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 30 | 58.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 14 | 27.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 21.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 23 | 45.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 11.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 19 | 37.3 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>1700 FURNAS ST | **City and State:**<br>ASHLAND NE 68003 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>101 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>02/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>98 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 97 | 99.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 70 | 71.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 68 | 69.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 75 | 76.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 68 | 69.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 34 | 34.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 55 | 56.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 29 | 29.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 38 | 38.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 31 | 31.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ATKINSON GOOD SAMARITAN CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>315 EAST NEELEY STREET | | **City and State:**<br>ATKINSON NE 68713 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>08/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 61 | 0 | 33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 47 | 77.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 78.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 59.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 62.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 45.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 14.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 27 | 44.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 22 | 36.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 32 | 52.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 14.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NEMAHA COUNTY GOOD SAMARITAN CTR

| | |
|---|---|
| **Street Address:**<br>R R 3 | **City and State:**<br>AUBURN NE 68305 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>114 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>110 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 52.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 68 | 61.8 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 44.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 50.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 36.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 3.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 19.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 39 | 35.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 33 | 30.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 31 | 28.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 8 | 7.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 7.3 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE
## BETHESDA CARE CTR

| | |
|---|---|
| **Street Address:**<br>610 13TH ST PO BOX 510 | **City and State:**<br>AURORA NE 68818 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>03/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>39 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>28 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 32 | 82.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 66.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 43.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 43.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 64.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 35.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 8 | 20.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 23.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 9 | 23.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 20.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HAMILTON MANOR

| | |
|---|---|
| **Street Address:**<br>1515 FIFTH ST | **City and State:**<br>AURORA NE 68818 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>109 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>04/12/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>106 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 106 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 58 | 54.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 48 | 45.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 46 | 43.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 42.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 19.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 41 | 38.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 20 | 18.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 50 | 47.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 2.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 7.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEMORIAL HOSPITAL

| | | | |
|---|---|---|---|
| **Street Address:**<br>1423 7TH ST | | **City and State:**<br>AURORA NE 68818 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>08/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>45 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 30 | 66.7 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 36 | 80.0 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 68.9 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 62.2 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 66.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.2 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 22.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 20.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 24.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 30 | 66.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 2.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 22 | 48.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>FORT STREET | **City and State:**<br>BASSETT NE 68714 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>27 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>06/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>22 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 18 | 81.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 15 | 68.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 12 | 54.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 59.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 63.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 22.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 5 | 22.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 4 | 18.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 10 | 45.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 22.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHIMNEY ROCK VILLA

| | | | |
|---|---|---|---|
| **Street Address:**<br>106 EAST 13TH ST | | **City and State:**<br>BAYARD NE 69334 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>47 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 46 | 0 | 21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 0 | 0.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 32 | 69.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 56.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 95.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 65.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 8.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 6 | 13.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 6 | 13.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 3 | 6.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 52.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 2.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 4 | 8.7 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BEATRICE COMM HOSP & HEALTH CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1110 NORTH 10TH ST. | | **City and State:**<br>BEATRICE NE 68310 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>01/22/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 44 | 0 | 10 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 33 | 75.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 32 | 72.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 70.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 70.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 56.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 18.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.3 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 13 | 29.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 18 | 40.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 25 | 56.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 12 | 27.3 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BEATRICE MANOR CARE CTR

| | |
|---|---|
| **Street Address:**<br>1800 IRVING | **City and State:**<br>BEATRICE NE 68310 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>84 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>75 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 39 | 52.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 60.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 46.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 54.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 53.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 6.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.3 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 16.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 13.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 44 | 58.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 8.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement: "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN HOME + CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1306 SOUTH 9TH STREET | | **City and State:**<br>BEATRICE NE 68310 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>130 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>09/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 129 | 0 | 67 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 102 | 79.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 115 | 89.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 99 | 76.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 84 | 65.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 48.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 40 | 31.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 63 | 48.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 44 | 34.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 54 | 41.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 4.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 27 | 20.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKVIEW CENTER

| | |
|---|---|
| **Street Address:**<br>1201 S 9TH ST | **City and State:**<br>BEATRICE NE 68310 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>42 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>40 | **Medicare Residents:**<br>7 | **Medicaid Residents:**<br>15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 39 | 97.5 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 65.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 82.5 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 85.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 82.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 31 | 77.5 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 4 | 10.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 13 | 32.5 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 20 | 50.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 23 | 57.5 | 49.9 | 58.4 |
| **Residents with bed sores.** | 5 | 12.5 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 1 | 2.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BEAVER CITY MANOR

| | |
|---|---|
| **Street Address:**<br>905 FLOYD ST | **City and State:**<br>BEAVER CITY NE 68926 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>53 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>50 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 42 | 84.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 90.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 64.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 64.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 62.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 20.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 3 | 6.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 25 | 50.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 4 | 8.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 25 | 50.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 2.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 18 | 36.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL HAVEN

| | |
|---|---|
| **Street Address:**<br>RR 1 BOX 397 | **City and State:**<br>BEEMER NE 68716 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>55 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>06/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>54 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 70.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 74.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 64.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 59.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 40.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 22 | 40.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 25 | 46.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 20 | 37.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLCREST CARE CTR INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>1702 HILLCREST DR | | **City and State:**<br>BELLEVUE NE 68005 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>116 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>101 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>44 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 100 | 99.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 96 | 95.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 72 | 71.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 63.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 48.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 36 | 35.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 3 | 3.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 73 | 72.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 48 | 47.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 62 | 61.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 7 | 6.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 6.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SARAH ANN HESTER MEMORIAL HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>407 DAKOTA STREET | | **City and State:**<br>BENKELMAN NE 69021 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 54 | 0 | 22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 28 | 51.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 79.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 64.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 64.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 57.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 24.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 32 | 59.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 18.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 18 | 33.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 20.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BERTRAND NURSING HOME

| | |
|---|---|
| **Street Address:**<br>100 MINOR AVE | **City and State:**<br>BERTRAND NE 68927 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>9 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 66.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 54.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 58.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 40.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 30.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 22.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 20 | 40.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 18.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 10 | 20.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 12.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 14 | 28.0 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CROWELL MEM HOME

| | |
|---|---|
| **Street Address:**<br>245 S 22ND ST | **City and State:**<br>BLAIR NE 68008 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>127 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>06/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>117 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 110 | 94.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 85 | 72.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 74 | 63.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 77 | 65.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 53.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 41 | 35.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 38 | 32.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 44 | 37.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 67 | 57.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 9 | 7.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 42 | 35.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SHEPHERD LUTHERAN HOME

| | |
|---|---|
| **Street Address:**<br>2242 WRIGHT ST | **City and State:**<br>BLAIR NE 68008 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>78 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>11/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>72 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 72 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 65.3 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 56.9 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 55.6 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 52.8 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 23.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 10 | 13.9 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 24 | 33.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 28 | 38.9 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 4.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 15 | 20.8 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BLOOMFIELD GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>300 N SECOND | **City and State:**<br>BLOOMFIELD NE 68718 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>08/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>68 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>54 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 68 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 73.5 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 72.1 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 63.2 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 64.7 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.9 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 29.4 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.5 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 38 | 55.9 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 24 | 35.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 37 | 54.4 | 49.9 | 58.4 |
| **Residents with bed sores.** | 6 | 8.8 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 12 | 17.6 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | NOT MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>414 N. WILSON, BOX 156 | **City and State:**<br>BLUE HILL NE 68930 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>81 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>11/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>79 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 79 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 63 | 79.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 54 | 68.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 74.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 50.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 24 | 30.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 19 | 24.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 30 | 38.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 55 | 69.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 8 | 10.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 20 | 25.3 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE OF BRIDGEPORT

| | |
|---|---|
| **Street Address:**<br>FIFTH AND N STREET | **City and State:**<br>BRIDGEPORT NE 69336 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 51 | 89.5 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 39 | 68.4 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 54.4 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 49.1 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 26.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 14 | 24.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.8 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 25 | 43.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 15.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 21 | 36.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 7.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 19.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# JENNIE M MELHAM MEM MED CTR LTC

| | |
|---|---|
| **Street Address:**<br>145 MEMORIAL DR | **City and State:**<br>BROKEN BOW NE 68822 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>70 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>05/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>18 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 69.6 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 63 | 91.3 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 60.9 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 78.3 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 49.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.3 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 26.1 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 22 | 31.9 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 25 | 36.2 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 42 | 60.9 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 4.3 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 7 | 10.1 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SANDHILLS MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>EAST HIGHWAY 2 | | **City and State:**<br>BROKEN BOW NE 68822 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>105 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>97 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>64 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 69 | 71.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 58 | 59.8 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 49 | 50.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 42.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 38 | 39.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 17.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 21 | 21.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 28 | 28.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 35 | 36.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 3.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 22 | 22.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COMMUNITY MEM HOSP LTC

| | | | |
|---|---|---|---|
| **Street Address:**<br>295 N 8TH ST | | **City and State:**<br>BURWELL NE 68823 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>58 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>12/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 51 | 0 | 15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 16 | 31.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 56.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 16 | 31.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 52.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 37.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 15.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 21 | 41.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 25.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 20 | 39.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 9.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BUTTE NURSING HOME

| | |
|---|---|
| **Street Address:**<br>BOX 49 | **City and State:**<br>BUTTE NE 68722 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>04/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 58.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 70.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 58.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 53.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 55.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 29.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 41.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 24 | 41.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 22 | 37.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CALLAWAY GOOD SAMARITAN HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>PO BOX 298 | | **City and State:**<br>CALLAWAY NE 68825 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>45 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 43 | 0 | 17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 67.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 60.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 55.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 41.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 34.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 76.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 20 | 46.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 18 | 41.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 16 | 37.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 2.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 2 | 4.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CAMBRIDGE MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>WEST HIGHWAY 6 AND 34 | | **City and State:**<br>CAMBRIDGE NE 69022 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>36 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>09/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 36 | 0 | 15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 94.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 31 | 86.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 23 | 63.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 66.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 8.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 22.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 11 | 30.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 36.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 28 | 77.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 5.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 16.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GRANDVIEW MANOR NURS HOME

| | |
|---|---|
| **Street Address:**<br>BROAD ST AND HWY 4 | **City and State:**<br>CAMPBELL NE 68932 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>49 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>48 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 34 | 70.8 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 30 | 62.5 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 64.6 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 64.6 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 62.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 17 | 35.4 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 13 | 27.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 16 | 33.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 12 | 25.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 27 | 56.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 16 | 33.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>SOUTH 17TH AVENUE | | **City and State:**<br>CENTRAL CITY NE 68826 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 66 | 0 | 27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 47 | 71.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 65.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 57.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 97.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 60.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 16.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 31 | 47.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 19 | 28.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 34 | 51.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 15 | 22.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CREST VIEW MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>420 GORDON AVENUE | | **City and State:**<br>CHADRON NE 69337 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/19/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 48 | 0 | 25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 75.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 64.6 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 52.1 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 58.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 4 | 8.3 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 29.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 2.1 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 24 | 50.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 12 | 25.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 21 | 43.8 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 4.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 4 | 8.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MILLER MEM NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>589 VINCENT AVE | | **City and State:**<br>CHAPPELL NE 69129 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>24 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 24 | 0 | 11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 15 | 62.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 21 | 87.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 79.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 79.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 62.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 37.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 45.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 16 | 66.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 45.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 17 | 70.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 33.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL MANOR

| | |
|---|---|
| **Street Address:**<br>WEST 3RD SUNSET DRIVE | **City and State:**<br>CLARKSON NE 68629 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 51 | 86.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 51 | 86.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 51 | 86.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 86.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 44.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 23.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 25.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 18 | 30.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 27 | 45.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 15.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARK VIEW HAVEN NURSING HOME

| | |
|---|---|
| **Street Address:**<br>325 NORTH MADISON | **City and State:**<br>COLERIDGE NE 68727 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>67 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>61 | **Medicare Residents:**<br>2 | **Medicaid Residents:**<br>38 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 96.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 82.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 50.8 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 49.2 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 54.1 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 31.1 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 2 | 3.3 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 17 | 27.9 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 23 | 37.7 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 25 | 41.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 5 | 8.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 13 | 21.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement.. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLUMBUS MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>3918 27TH ST | | **City and State:**<br>COLUMBUS NE 68601 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>142 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 136 | 0 | 78 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 90 | 66.2 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 92 | 67.6 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 81 | 59.6 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 80 | 58.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 62 | 45.6 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.7 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 44 | 32.4 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 0.7 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 61 | 44.9 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 57 | 41.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 70 | 51.5 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 2.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 8 | 5.9 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MORYS HAVEN

| | | | |
|---|---|---|---|
| **Street Address:**<br>1112 15TH ST | | **City and State:**<br>COLUMBUS NE 68601 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>46 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>02/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 46 | 0 | 14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 97.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 82.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 76.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 76.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 63.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 41.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.2 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 17 | 37.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 24 | 52.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 31 | 67.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 15 | 32.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SOUTHVIEW MANOR CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>318 WEST 18TH STREET | | **City and State:**<br>COZAD NE 69130 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/01/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>76 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 75.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 59 | 77.6 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 73.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 64.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.6 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 41 | 53.9 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.3 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 11 | 14.5 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 25 | 32.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 42 | 55.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 3.9 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 35 | 46.1 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | NOT MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | NOT MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PONDEROSA VILLA

| | |
|---|---|
| **Street Address:**<br>1ST + PADDOCK | **City and State:**<br>CRAWFORD NE 69339 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>55 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>04/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>54 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 2 | 3.7 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 34 | 63.0 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 21 | 38.9 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 63.0 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 31.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 16.7 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 10 | 18.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 10 | 18.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 6 | 11.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 9 | 16.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 9.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CREIGHTON CARE CENTRE

| | | | |
|---|---|---|---|
| **Street Address:**<br>MAIN ST AT LUNDBERG DR | | **City and State:**<br>CREIGHTON NE 68729 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>50 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>45 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 75.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 31 | 68.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 25 | 55.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 26 | 57.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 60.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.2 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 22.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 10 | 22.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 8 | 17.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 18 | 40.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 6.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 27 | 60.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CRETE MANOR

| | |
|---|---|
| **Street Address:**<br>1ST + BOSWELL STS | **City and State:**<br>CRETE NE 68333 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>110 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>108 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>51 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** Residents requiring some or total assistance in bathing. | 70 | 64.8 | 79.9 | 78.3 |
| **Dressing** Residents requiring some or total assistance in dressing. | 75 | 69.4 | 72.6 | 76.7 |
| **Toileting** Residents requiring some or total assistance in toileting. | 66 | 61.1 | 60.1 | 63.4 |
| **Transferring** Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 53.7 | 62.1 | 66.0 |
| **Continence** Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 18.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.9 | 4.8 | 6.1 |
| **Eating** Residents receiving tube feedings or requiring assistance with eating. | 28 | 25.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.9 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 29 | 26.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 45 | 41.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 59 | 54.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 1.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 63 | 58.3 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CRETE MUNICIPAL HOSP LTC

| | |
|---|---|
| **Street Address:**<br>15TH GROVE STREET | **City and State:**<br>CRETE NE 68333 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>22 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>08/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>22 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>1 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 20 | 90.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 20 | 90.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 86.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 86.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 77.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 3 | 13.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 68.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 40.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 13 | 59.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 4.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 16 | 72.7 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUNSET HAVEN NURSING HOME

| | |
|---|---|
| **Street Address:**<br>902 HOWARD STREET | **City and State:**<br>CURTIS NE 69025 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>49 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>02/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 55.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 76.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 63.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 68.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 53.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 4.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 21.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 4.3 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 31.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 20 | 42.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 18 | 38.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 6.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DAVID PLACE

| | |
|---|---|
| **Street Address:**<br>260 SOUTH 10TH ST, PO BOX 321 | **City and State:**<br>DAVID CITY NE 68632 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>93 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>92 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 69 | 75.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 76 | 82.6 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 72 | 78.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 62 | 67.4 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 58 | 63.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.1 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 27.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 29 | 31.5 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 42 | 45.7 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 49 | 53.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 2.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 31 | 33.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPH'S VILLA

| | |
|---|---|
| **Street Address:**<br>927 SEVENTH STREET | **City and State:**<br>DAVID CITY NE 68632 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>03/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>65 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>3 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 56.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 44.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 47.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 56.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 32.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 26.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 31 | 47.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 26.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 18 | 27.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 15 | 23.1 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKVIEW HAVEN

| | | | |
|---|---|---|---|
| **Street Address:**<br>1203 S 4TH ST | | **City and State:**<br>DESHLER NE 68340 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>58 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>07/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 53 | 0 | 15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 45 | 84.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 62.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 58.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 58.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 41.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 30.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 25 | 47.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 26 | 49.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 20 | 37.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 20 | 37.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKVIEW HOME INC

| | |
|---|---|
| **Street Address:**<br>PARK DRIVE | **City and State:**<br>DODGE NE 68633 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/28/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>78 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>19 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 70.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 63 | 80.8 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 57 | 73.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 64 | 82.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 48 | 61.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 26.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 27 | 34.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 39 | 50.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 31 | 39.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 6.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.4 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>BOX 1183 | **City and State:**<br>EDGAR NE 68935 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>54 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>10/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 96.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 34 | 68.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 52.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 50.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 56.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 24.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 7 | 14.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 30.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 28 | 56.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 6.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELKHORN MANOR NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>315 HOPPER ST | **City and State:**<br>ELKHORN NE 68022 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>132 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>129 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>85 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 81 | 62.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 75 | 58.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 63 | 48.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 82 | 63.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 55.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 16.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.8 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 70 | 54.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 37 | 28.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 62 | 48.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 4.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 17 | 13.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELWOOD CARE CTR

| | |
|---|---|
| **Street Address:**<br>613 SMITH ST BOX 315 | **City and State:**<br>ELWOOD NE 68937 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>51 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>07/01/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 74.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 37 | 72.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 64.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 41.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 13.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.9 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 28 | 54.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 20 | 39.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 47.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE OF EMERSON

| | |
|---|---|
| **Street Address:**<br>6TH & NE | **City and State:**<br>EMERSON NE 68733 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>63 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>61 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 67.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 42.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 42.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 34.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 37.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 18.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 6 | 9.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 21.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 21 | 34.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 13.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>425 S EMPIRE AVENUE | **City and State:**<br>EXETER NE 68351 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>03/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 25 | 49.0 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 31 | 60.8 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 31 | 60.8 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 52.9 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 49.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 23.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 26 | 51.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 33.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 20 | 39.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 10 | 19.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE OF FAIRBURY

| | | | |
|---|---|---|---|
| **Street Address:**<br>909 17TH ST | | **City and State:**<br>FAIRBURY NE 68352 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>96 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/09/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 94 | 0 | 47 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 94 | 100 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 57 | 60.6 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 46 | 48.9 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 53.2 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 56.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 8.5 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 26 | 27.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 28 | 29.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 28 | 29.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 51 | 54.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 44 | 46.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FAIRVIEW MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>255 F STREET BOX 427 | | **City and State:**<br>FAIRMONT NE 68354 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>54 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>04/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 52 | 0 | 24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 78.8 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 67.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 67.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 67.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 28.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 23.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 7 | 13.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 20 | 38.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KETTER MANOR INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>1010 E 21ST ST | | **City and State:**<br>FALLS CITY NE 68355 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 59 | 0 | 13 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 56 | 94.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 79.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 67.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 64.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 55.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 15.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 35.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.7 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 21 | 35.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 37 | 62.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 38 | 64.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MIDLAND VILLA

| | |
|---|---|
| **Street Address:**<br>ROUTE 2 19TH & BURTON DRIVE | **City and State:**<br>FALLS CITY NE 68355 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>78 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>72 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 80.6 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 68.1 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 58.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 43 | 59.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 47.2 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 25.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.4 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 12 | 16.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 21 | 29.2 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 29 | 40.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 30 | 41.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORTHVIEW CARE CENTER

| | |
|---|---|
| **Street Address:**<br>28TH & TOWLE STREET | **City and State:**<br>FALLS CITY NE 68355 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>100 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>85 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>61 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 68.2 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 64.7 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 47 | 55.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 48.2 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 52.9 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.2 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 17.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 15 | 17.6 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 27 | 31.8 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 57 | 67.1 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 3.5 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 45 | 52.9 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORTHVIEW CARE CENTER

| | |
|---|---|
| **Street Address:**<br>28TH & TOWLE ST | **City and State:**<br>FALLS CITY NE 68355 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>85 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>64 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 75.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 70.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 70.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 79.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 64.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 23.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 19 | 29.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 22 | 34.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 35 | 54.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 20.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAKEVIEW REST HOME

| | |
|---|---|
| **Street Address:**<br>404 E 8TH ST | **City and State:**<br>FIRTH NE 68358 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>07/02/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 90.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 89.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 65.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 65.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 49.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 34.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 21.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 25 | 45.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 32 | 58.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 7.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 14 | 25.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement.. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FRANKLIN NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>WEST HWY 136 PO BOX 167 | **City and State:**<br>FRANKLIN NE 68939 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>38 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 81.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 41.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 55.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 39.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 15.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 13 | 22.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 17.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 35 | 60.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 10.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ARBOR MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>2550 N NYE AVENUE | | **City and State:**<br>FREMONT NE 68025 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>151 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>139 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>23 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 80 | 57.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 92 | 66.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 72 | 51.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 64.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 66 | 47.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 13.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 28 | 20.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 44 | 31.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 26.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 4.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 33 | 23.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FREMONT CARE CTR

| | |
|---|---|
| **Street Address:**<br>2700 LAVERNE STREET | **City and State:**<br>FREMONT NE 68025 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>67 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>66 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>43 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 60 | 90.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 57.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 54.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 51.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 62.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 27.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 33 | 50.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 22 | 33.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 33 | 50.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEM HOSP OF DODGE CO ANNEX

| | |
|---|---|
| **Street Address:**<br>450 E 23RD ST | **City and State:**<br>FREMONT NE 68025 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>133 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>12/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>132 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>77 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 104 | 78.8 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 103 | 78.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 83 | 62.9 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 83 | 62.9 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 83 | 62.9 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 3.8 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 37 | 28.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 0.8 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 42 | 31.8 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 48 | 36.4 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 48 | 36.4 | 49.9 | 58.4 |
| **Residents with bed sores.** | 8 | 6.1 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 19 | 14.4 | 23.6 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WARREN MEMORIAL HOSPITAL LTC

| | | | |
|---|---|---|---|
| **Street Address:**<br>905 SECOND ST | | **City and State:**<br>FRIEND NE 68359 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>58 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/19/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 57 | 0 | 10 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 96.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 77.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 64.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 54.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 68.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 17.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 57.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 10 | 17.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 26.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 6 | 10.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 19.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FULLERTON MANOR

| | |
|---|---|
| **Street Address:**<br>102 NORTH ESTHER | **City and State:**<br>FULLERTON NE 68638 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>94 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>93 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>91 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 89 | 95.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 53.8 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 39.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 73.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 45.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 4.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 37 | 39.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 25.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 32 | 34.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 84 | 90.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 6.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 10 | 10.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FILLMORE CO HOSP LTCU

| | | | |
|---|---|---|---|
| **Street Address:**<br>1325 H STREET | | **City and State:**<br>GENEVA NE 68361 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>20 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/02/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 20 | 0 | 5 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 16 | 80.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 19 | 95.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 15 | 75.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 15 | 75.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 85.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 5.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 4 | 20.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 5 | 25.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 6 | 30.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 14 | 70.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 5.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 1 | 5.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE

| | | | |
|---|---|---|---|
| **Street Address:**<br>501 NORTH 13TH STREET | | **City and State:**<br>GENEVA NE 68361 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 55.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 77.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 46 | 62.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 51.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 71.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 23.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 21 | 28.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 22 | 29.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 35 | 47.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE HEALTH CARE CENTER

| | |
|---|---|
| **Street Address:**<br>2025 21ST STREET | **City and State:**<br>GERING NE 69341 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>101 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>95 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>45 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 89 | 93.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 84 | 88.4 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 68 | 71.6 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 70 | 73.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 73.7 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 7 | 7.4 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 26.3 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.1 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 42 | 44.2 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 25 | 26.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 32 | 33.7 | 49.9 | 58.4 |
| **Residents with bed sores.** | 5 | 5.3 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 13 | 13.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | NOT MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | NOT MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>7TH AND COURT | **City and State:**<br>GIBBON NE 68840 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>47 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>11/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>45 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 95.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 84.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 84.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 84.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 73.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 37.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 30 | 66.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 51.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 3 | 6.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 6.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 13.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GORDON GOOD SAMARITAN CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>500 E 10TH ST | | **City and State:**<br>GORDON NE 69343 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>40 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 39 | 0 | 21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 97.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 97.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 28 | 71.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 61.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 69.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 5.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 30.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 6 | 15.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 8 | 20.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 21 | 53.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 5.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 23.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOTHENBURG MEM HOSP LTC

| | | | |
|---|---|---|---|
| **Street Address:**<br>910 20TH ST | | **City and State:**<br>GOTHENBURG NE 69138 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>28 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>03/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 28 | 0 | 9 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 21 | 75.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 22 | 78.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 18 | 64.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 64.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 57.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 3.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 17.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 8 | 28.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 35.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 11 | 39.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 3.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 17.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SLACK NURS HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>121 6TH ST | | **City and State:**<br>GOTHENBURG NE 69138 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>69 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 67 | 0 | 42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 64 | 95.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 53.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 50.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 35.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 37.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 20.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 13.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 12 | 17.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 25 | 37.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 4 | 6.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LAKEVIEW NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>1405 WEST HIGHWAY 34 | | **City and State:**<br>GRAND ISLAND NE 68801 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>97 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 86 | 0 | 40 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 66 | 76.7 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 62 | 72.1 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 45 | 52.3 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 52.3 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 51 | 59.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.5 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 20.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 35 | 40.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 28 | 32.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 42 | 48.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 3.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE
## PARK PLACE NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>610 N DARR ST | **City and State:**<br>GRAND ISLAND NE 62203 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>97 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>97 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 53.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 56.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 56 | 57.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 55 | 56.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 62.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 8.2 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 22.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 27 | 27.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 21.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 47 | 48.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 3.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 19 | 19.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST FRANCIS MEMORIAL H EALTH CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>2116 WEST FAIDLEY AVENUE | | **City and State:**<br>GRAND ISLAND NE 68802 | |
| **Participation:**<br>MEDICAID SNF | **# of Beds:**<br>36 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 11 | 0 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 8 | 72.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 11 | 100 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 9 | 81.8 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 7 | 63.6 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 5 | 45.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 100 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 6 | 54.5 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 4 | 36.4 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 3 | 27.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 1 | 9.1 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 3 | 27.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST FRANCIS MEMORIAL HEALTH CTR SNF

| | |
|---|---|
| **Street Address:**<br>2116 WEST FAIDLEY AVENUE | **City and State:**<br>GRAND ISLAND NE 68802 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>36 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>02/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>16 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>3 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 8 | 50.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 14 | 87.5 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 8 | 50.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 13 | 81.3 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 5 | 31.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 31.3 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 4 | 25.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 1 | 6.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 3 | 18.8 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 18.8 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 2 | 12.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOLDEN OURS CONVALESCENT HOME

| | |
|---|---|
| **Street Address:**<br>902 CENTRAL AVENUE | **City and State:**<br>GRANT NE 69140 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>11/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>20 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 32 | 58.2 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 46 | 83.6 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 35 | 63.6 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 65.5 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 80.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 19 | 34.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 2 | 3.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 19 | 34.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 28 | 50.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 26 | 47.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREELEY CARE HOME

| | |
|---|---|
| **Street Address:**<br>P O BOX 190 | **City and State:**<br>GREELEY NE 68842 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>35 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>06/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>31 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 18 | 58.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 18 | 58.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 61.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 58.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 12 | 38.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 35.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 14 | 45.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 32.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 10 | 32.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 6.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 19.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CTR

| | |
|---|---|
| **Street Address:**<br>700 HIGHWAY 6 | **City and State:**<br>GRETNA NE 68028 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>63 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>62 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>28 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 22 | 35.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 88.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 43 | 69.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 72.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 80.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 39 | 62.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.6 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 40 | 64.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 37.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 36 | 58.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 29 | 46.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HARTINGTON NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>401 WEST DARLENE STREET | | **City and State:**<br>HARTINGTON NE 68739 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>74 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 65 | 0 | 38 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 63 | 96.9 | 78.5 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 75.4 | 75.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 58.5 | 67.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 64.6 | 68.7 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 50.8 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 3.9 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 27.7 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 18 | 27.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 27 | 41.5 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 31 | 47.7 | 49.9 | 58.4 |
| **Residents with bed sores.** | 1 | 1.5 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 5 | 7.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HARVARD REST HAVEN

| | |
|---|---|
| **Street Address:**<br>400 E 7TH ST | **City and State:**<br>HARVARD NE 68944 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>02/26/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 89.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 86.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 72.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 65.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 51.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 24.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 23 | 39.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 17.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 30 | 51.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 21 | 36.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN VILL VILLA GRACE

| | | | |
|---|---|---|---|
| **Street Address:**<br>931 EAST F ST | | **City and State:**<br>HASTINGS NE 68901 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>150 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 144 | 0 | 96 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 112 | 77.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 108 | 75.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 83 | 57.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 93 | 64.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 104 | 72.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 22.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 1.4 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 70 | 48.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 16.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 86 | 59.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 1.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 14 | 9.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN VLG PERKINS PAVILION

| | |
|---|---|
| **Street Address:**<br>300 SOUTH 1ST AVENUE | **City and State:**<br>HASTINGS NE 68901 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>161 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>10/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>153 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>78 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 88 | 57.5 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 32.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 26.8 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 27.5 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 25.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 11.1 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 15 | 9.8 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 17 | 11.1 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 35 | 22.9 | 49.9 | 58.4 |
| **Residents with bed sores.** | 1 | 0.7 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 7 | 4.6 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PIONEER MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>EAST LINE AVE, BOX 310 | | **City and State:**<br>HAY SPRINGS NE 69347 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>51 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>02/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 49 | 0 | 11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 20 | 40.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 67.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 53.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 61.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 49.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 30.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 31 | 63.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 20.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 49.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 6.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 49 | 100 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BLUE VALLEY LUTH HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>4TH AND PARK AVE | | **City and State:**<br>HEBRON NE 68370 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>178 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>05/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 175 | 0 | 119 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 138 | 78.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 116 | 66.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 82 | 46.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 80 | 45.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 76 | 43.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 36 | 20.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 39 | 22.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 58 | 33.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 82 | 46.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 1.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 24 | 13.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HENDERSON COMM HOSP LTC

| | | | |
|---|---|---|---|
| **Street Address:**<br>1631 FRONT STREET POB 217 | | **City and State:**<br>HENDERSON NE 68371 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>41 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>05/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 40 | 0 | 15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 20 | 50.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 21 | 52.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 47.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 45.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 35.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 17.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 30.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 7 | 17.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 14 | 35.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 7.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 22.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CHRISTIAN HOMES INC

| | |
|---|---|
| **Street Address:**<br>RFD 2 BOX 24 | **City and State:**<br>HOLDREGE NE 68949 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>82 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>04/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>77 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 44.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 64.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 64.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 67.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 58.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 32.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 3 | 3.9 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 28 | 36.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 32 | 41.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 34 | 44.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 9.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MELVIN SELMA ANDERSON H C U

| | |
|---|---|
| **Street Address:**<br>1319 TENTH AVENUE | **City and State:**<br>HOLDREGE NE 68949 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>15 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 82.8 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 72.4 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 100 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 53 | 91.4 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 8.6 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 32.8 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 6 | 10.3 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 34 | 58.6 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 4 | 6.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 40 | 69.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 3.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 17 | 29.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HOOPER CARE CENTER

| | |
|---|---|
| **Street Address:**<br>BOX 447 | **City and State:**<br>HOOPER NE 68031 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>64 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>60 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 66.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 71.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 70.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 73.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 26.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 11 | 18.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 25.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 45 | 75.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 8.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 18.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL ACRES

| | | | |
|---|---|---|---|
| **Street Address:**<br>R R 2 | | **City and State:**<br>HUMBOLDT NE 68376 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>68 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>61 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

| | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 86.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 78.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 62.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 62.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 65.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 4 | 6.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 19.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 22 | 36.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 8 | 13.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 36 | 59.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 18.0 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# IMPERIAL MANOR

| | |
|---|---|
| **Street Address:**<br>933 KRAMER ST | **City and State:**<br>IMPERIAL NE 69033 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>70 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>68 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 86.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 55.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 42.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 47.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 22.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 17.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 25 | 36.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 4 | 5.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 10 | 14.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 21 | 30.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MOTHER HULL HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>125 EAST 23RD STREET | | **City and State:**<br>KEARNEY NE 68847 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/01/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 51 | 0 | 20 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 70.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 35 | 68.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 62.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 45.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 33.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 2.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 13 | 25.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 12 | 23.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 19 | 37.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 10 | 19.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MT CARMEL HOME KEENS MEM

| | |
|---|---|
| **Street Address:**<br>412 W 18TH ST | **City and State:**<br>KEARNEY NE 68847 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>76 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>05/02/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>76 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>12 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 47 | 61.8 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 59 | 77.6 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 49 | 64.5 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 59.2 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 61.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 22 | 28.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 11.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 29 | 38.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 31 | 40.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 3.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 10 | 13.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOHNS CENTER

| | |
|---|---|
| **Street Address:**<br>3410 CENTRAL AVENUE | **City and State:**<br>KEARNEY NE 68847 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF | **# of Beds:**<br>72 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>11/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 58.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 71.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 56.5 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 52.2 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 49.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.3 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 27.5 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 14 | 20.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 13 | 18.8 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 42 | 60.9 | 49.9 | 58.4 |
| **Residents with bed sores.** | 1 | 1.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 10 | 14.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST LUKE'S GOOD SAMARITAN VILL

| | |
|---|---|
| **Street Address:**<br>2300 EAST 32ND STREET | **City and State:**<br>KEARNEY NE 68847 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>03/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 59 | 0 | 30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 57 | 96.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 71.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 57.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 47.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 52.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 17 | 28.8 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 30.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 42 | 71.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 28.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 23 | 39.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 8.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HAVEN HOME

| | |
|---|---|
| **Street Address:**<br>100 WEST ELM | **City and State:**<br>KENESAW NE 68956 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>87 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>12/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>78 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 74.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 47 | 60.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 28 | 35.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 35.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 37.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 19.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 26 | 33.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 14.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 26 | 33.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 6.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 78 | 100 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# KIMBALL CO MANOR

| | |
|---|---|
| **Street Address:**<br>810 E 7TH ST | **City and State:**<br>KIMBALL NE 69145 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>65 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 54 | 83.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 44.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 26 | 40.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 43.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 41 | 63.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 11 | 16.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 24.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 38 | 58.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 26.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 43 | 66.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLCREST CARE CENTER

| | |
|---|---|
| **Street Address:**<br>703 CEDAR STREET | **City and State:**<br>LAUREL NE 68745 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>51 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/28/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>51 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 51 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 64.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 52.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 56.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 62.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 25.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.9 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 17.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 21.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 27 | 52.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 13.7 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GARDEN CO LEWELLEN NH

| | |
|---|---|
| **Street Address:**<br>BOX E | **City and State:**<br>LEWELLEN NE 69147 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>37 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>08/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>29 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 20 | 69.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 24 | 82.8 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 16 | 55.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 14 | 48.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 72.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 17.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 51.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 31.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 15 | 51.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 6.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTSIDE HOME INC

| | |
|---|---|
| **Street Address:**<br>1505 NORTH ADAMS | **City and State:**<br>LEXINGTON NE 68850 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>124 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/01/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>113 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 81 | 71.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 91 | 80.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 74 | 65.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 74 | 65.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 58 | 51.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 4.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 15.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 51 | 45.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 36 | 31.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 53 | 46.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 4.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 28 | 24.8 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EASTMONT TOWERS

| | |
|---|---|
| **Street Address:**<br>6315 O STREET | **City and State:**<br>LINCOLN NE 68510 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF | **# of Beds:**<br>50 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/01/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>23 | **Medicare Residents:**<br>2 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 18 | 78.3 | 78.5 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 23 | 100 | 75.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 23 | 100 | 67.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 87.0 | 68.7 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 91.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 4 | 17.4 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 4.3 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 4 | 17.4 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 19 | 82.6 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 16 | 69.6 | 49.9 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 10 | 43.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GATEWAY MANOR INC

| | |
|---|---|
| **Street Address:**<br>225 NORTH 56TH STREET | **City and State:**<br>LINCOLN NE 68504 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>18 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/20/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>11 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>4 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 11 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 10 | 90.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 10 | 90.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 8 | 72.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 10 | 90.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 4 | 36.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 3 | 27.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 5 | 45.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 4 | 36.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 27.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HOMESTEAD HEALTH CARE CENTER

| | |
|---|---|
| **Street Address:**<br>4735 S 54TH ST | **City and State:**<br>LINCOLN NE 68516 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>147 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>141 | **Medicare Residents:**<br>26 | **Medicaid Residents:**<br>115 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 27 | 19.1 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 27 | 19.1 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 25 | 17.7 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 16.3 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 15.6 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 11.3 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 0.7 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 7 | 5.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 13 | 9.2 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 19 | 13.5 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 1.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 5 | 3.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LANCASTER MANOR

| | |
|---|---|
| **Street Address:**<br>1001 SOUTH STREET | **City and State:**<br>LINCOLN NE 68502 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>300 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>02/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>41 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 10 | 17.2 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 23 | 39.7 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 25 | 43.1 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 19 | 32.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 29.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 3 | 5.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 30 | 51.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 8 | 13.8 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 1 | 1.7 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 3.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 12 | 20.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MADONNA CENTERS

| | |
|---|---|
| **Street Address:**<br>2200 SOUTH 52ND STREET | **City and State:**<br>LINCOLN NE 68506 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>201 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>11/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>195 | **Medicare Residents:**<br>37 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 145 | 74.4 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 169 | 86.7 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 173 | 88.7 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 181 | 92.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 136 | 69.7 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 14 | 7.2 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 58 | 29.7 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 5 | 2.6 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 53 | 27.2 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 73 | 37.4 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 73 | 37.4 | 49.9 | 58.4 |
| **Residents with bed sores.** | 12 | 6.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 83 | 42.6 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAPLEWOOD CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>4405 NORMAL BOULEVARD | | **City and State:**<br>LINCOLN NE 68506 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>120 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>112 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>55 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 79 | 70.5 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 78 | 69.6 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 77 | 68.8 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 77 | 68.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 77 | 68.8 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.8 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 28 | 25.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 2 | 1.8 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 52 | 46.4 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 42 | 37.5 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 71 | 63.4 | 49.9 | 58.4 |
| **Residents with bed sores.** | 13 | 11.6 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 18 | 16.1 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MILDER MANOR NH

| | | | |
|---|---|---|---|
| **Street Address:**<br>1750 S 20TH ST | | **City and State:**<br>LINCOLN NE 68502 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF | **# of Beds:**<br>154 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>5 | **Medicaid Residents:**<br>26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 14 | 26.9 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 92.3 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 45 | 86.5 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 78.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 59.6 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 9 | 17.3 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 44.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 9 | 17.3 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 29 | 55.8 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 19 | 36.5 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 22 | 42.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 4 | 7.7 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 19 | 36.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | NOT MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TABITHA HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>4720 RANDOLPH ST | | **City and State:**<br>LINCOLN NE 68510 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>236 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>02/10/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 222 | 14 | 114 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 184 | 82.9 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 163 | 73.4 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 157 | 70.7 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 145 | 65.3 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 128 | 57.7 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 60 | 27.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 4 | 1.8 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 104 | 46.8 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 91 | 41.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 112 | 50.5 | 49.9 | 58.4 |
| **Residents with bed sores.** | 17 | 7.7 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 46 | 20.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TABITHA SUMNER HOUSE

| | | | |
|---|---|---|---|
| **Street Address:**<br>904 SUMNER STREET | | **City and State:**<br>LINCOLN NE 68502 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>28 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 9 | 0 | 9 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 7 | 77.8 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 8 | 88.9 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 2 | 22.2 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 1 | 11.1 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 0 | 0.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 0 | 0.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 0 | 0.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 1 | 11.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 0 | 0.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 33.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VILLAGE MANOR NH

| | |
|---|---|
| **Street Address:**<br>3220 N 14TH ST | **City and State:**<br>LINCOLN NE 68521 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>67 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 74.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 58 | 86.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 74.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 54 | 80.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 59.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 28.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 35.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 29 | 43.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 55.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 19.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LOUISVILLE CARE CENTER

| | |
|---|---|
| **Street Address:**<br>6TH + HAZEL ST | **City and State:**<br>LOUISVILLE NE 68037 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>55 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>04/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>6 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 53 | 100 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 38 | 71.7 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 33 | 62.3 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 47.2 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 56.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 30 | 56.6 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 15 | 28.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.8 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 18 | 34.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 28.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 29 | 54.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 15.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE
## ROSE LANE NH

| | |
|---|---|
| **Street Address:**<br>BOX 280 | **City and State:**<br>LOUP CITY NE 68853 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>77 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 54 | 91.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 93.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 43 | 72.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 67.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 79.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 26 | 44.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 37 | 62.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 26 | 44.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 32 | 54.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 39 | 66.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LOGAN VALLEY MANOR

| | |
|---|---|
| **Street Address:**<br>RT 1 BOX 48 | **City and State:**<br>LYONS NE 68038 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>90 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>78 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>38 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 67 | 85.9 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 60 | 76.9 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 50 | 64.1 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 52 | 66.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 51 | 65.4 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.8 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 37.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 2 | 2.6 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 20 | 25.6 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 35 | 44.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 34 | 43.6 | 49.9 | 58.4 |
| **Residents with bed sores.** | 8 | 10.3 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 39 | 50.0 | 23.6 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CARL T CURTIS HEALTH EDUCATION CENTER

| | |
|---|---|
| **Street Address:**<br>BOX 250 | **City and State:**<br>MACY NE 68039 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>25 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>24 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>12 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 17 | 70.8 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 17 | 70.8 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 70.8 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 87.5 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 14 | 58.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 37.5 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 20 | 83.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 7 | 29.2 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 10 | 41.7 | 49.9 | 58.4 |
| **Residents with bed sores.** | 4 | 16.7 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 11 | 45.8 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COUNTRYSIDE HOME

| | |
|---|---|
| **Street Address:**<br>NORTH PEARL ST BOX 3A | **City and State:**<br>MADISON NE 68748 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>71 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 54 | 76.1 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 48 | 67.6 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 53.5 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 53.5 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 54.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 18 | 25.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 33.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 12 | 16.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 52.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 8.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HILLCREST NURSING HOME

| | |
|---|---|
| **Street Address:**<br>309 WEST 7TH STREET | **City and State:**<br>MCCOOK NE 69001 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>99 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>96 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 94 | 97.9 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 67 | 69.8 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 63 | 65.6 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 69.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 58 | 60.4 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.1 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 29 | 30.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 24 | 25.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 32 | 33.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 42 | 43.8 | 49.9 | 58.4 |
| **Residents with bed sores.** | 10 | 10.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 14 | 14.6 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CRESTVIEW CARE CTR

| | |
|---|---|
| **Street Address:**<br>R R 1 1100 W FIRST STREET | **City and State:**<br>MILFORD NE 68405 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>66 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathring**<br>Residents requiring some or total assistance in bathing. | 40 | 69.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 70.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 63.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 53.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 63.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 39.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 5 | 8.6 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 13 | 22.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 25.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 34 | 58.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 8.6 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUNRISE COUNTRY MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>ROUTE #2 BOX A | | **City and State:**<br>MILFORD NE 68405 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 63 | 0 | 51 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 31 | 49.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 66.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 50.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 44.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 39 | 61.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 17.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.6 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 38.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 23.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 17 | 27.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 22 | 34.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHANY HOME

| | |
|---|---|
| **Street Address:**<br>515 WEST FIRST STREET | **City and State:**<br>MINDEN NE 68959 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 56 | 98.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 71.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 59.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 64.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 54.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 9 | 15.8 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 40.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 17 | 29.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 26.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 48 | 84.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 15.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman

# NURSING HOME PROFILE
# KEARNEY COUNTY COMMUNITY HOSP LTC

| | | | |
|---|---|---|---|
| **Street Address:**<br>727 E 1ST ST | | **City and State:**<br>MINDEN NE 68959 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>50 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 82.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 76.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 76.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 54.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 24 | 48.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 32.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 29 | 58.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 46.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 22 | 44.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 8.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 18.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTERN NEBRASKA REST HOME

| | |
|---|---|
| **Street Address:**<br>1508 22ND AVENUE | **City and State:**<br>MITCHELL NE 69357 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>50 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 91.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 28 | 59.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 57.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 42.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 55.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 36.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 13 | 27.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 21.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 51.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 47 | 100 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PIONEER MEM COMM HOSP

| | |
|---|---|
| **Street Address:**<br>P O BOX 493 | **City and State:**<br>MULLEN NE 69152 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>38 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>30 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 19 | 63.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 21 | 70.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 56.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 80.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 66.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 23.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 11 | 36.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 30.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 23 | 76.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 3.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 16.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DUFF MEMORIAL NURSING HOME

| | |
|---|---|
| **Street Address:**<br>1104 THIRD AVE | **City and State:**<br>NEBRASKA CITY NE 68410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>63 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>28 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 22 | 40.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 60.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 52.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 45.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 40.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 22 | 40.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 25.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.8 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 16.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 20.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 29 | 52.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 15 | 27.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NEBRASKA CITY MANOR

| | |
|---|---|
| **Street Address:**<br>1420 N 10TH ST | **City and State:**<br>NEBRASKA CITY NE 68410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>118 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>105 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>69 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 105 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 79 | 75.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 65 | 61.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 80 | 76.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 58.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 15.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 38 | 36.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 20.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 65 | 61.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 2.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 14 | 13.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VALLEY VIEW CARE CTR INC

| | |
|---|---|
| **Street Address:**<br>1800 14TH STREET | **City and State:**<br>NEBRASKA CITY NE 68410 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>74 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/11/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 21 | 30.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 54 | 78.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 56.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 50.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 53.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 14 | 20.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 21.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 7 | 10.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 21.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 18 | 26.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 14 | 20.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NELIGH NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1100 NORTH T STREET | **City and State:**<br>NELIGH NE 68756 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>99 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/22/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>97 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 76 | 78.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 79 | 81.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 62 | 63.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 59.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 70 | 72.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 33 | 34.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 26 | 26.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 45 | 46.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 60 | 61.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 11.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>P O BOX 427 | **City and State:**<br>NELSON NE 68961 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>43 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>08/19/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>43 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 95.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 95.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 81.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 76.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 67.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 32.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 4.7 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 27 | 62.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 39.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 23 | 53.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 7.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 10 | 23.3 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MID-NEBRASKA LUTHERAN HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>109 N 2ND ST | | **City and State:**<br>NEWMAN GROVE NE 68758 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>02/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 59 | 0 | 35 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 37 | 62.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 66.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 50.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 61.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 39.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 21 | 35.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 25.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 17 | 28.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 28.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 40.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 10.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE OF BEL AIR

| | |
|---|---|
| **Street Address:**<br>13TH AND BEL AIR ROAD | **City and State:**<br>NORFOLK NE 68701 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>89 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/09/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>88 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 60.2 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 62.5 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 44.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 64.8 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 50.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 30 | 34.1 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 35 | 39.8 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 20 | 22.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 21 | 23.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 44 | 50.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 5 | 5.7 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 25 | 28.4 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORFOLK NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1900 VICKI LANE | **City and State:**<br>NORFOLK NE 68701 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>102 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>96 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>63 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 88 | 91.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 69 | 71.9 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 55 | 57.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 59.4 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 60 | 62.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.1 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 15.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 55 | 57.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 23 | 24.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 32 | 33.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 10 | 10.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 8 | 8.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OUR LADY OF LOURDES HOSPITAL SNF

| | |
|---|---|
| **Street Address:**<br>1500 KOENIGSTEIN AVE | **City and State:**<br>NORFOLK NE 68701 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF | **# of Beds:**<br>13 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>07/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>11 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>3 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 8 | 72.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 9 | 81.8 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 9 | 81.8 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 7 | 63.6 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 6 | 54.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 5 | 45.5 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 9.1 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 1 | 9.1 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 3 | 27.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 4 | 36.4 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 18.2 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 3 | 27.3 | 23.6 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. it is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPH'S NURSING HOME

| | |
|---|---|
| **Street Address:**<br>401 N 18TH ST | **City and State:**<br>NORFOLK NE 68701 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>11/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>72 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 70 | 97.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 76.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 51 | 70.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 48 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 51 | 70.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 15.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 8 | 11.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 31.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 35 | 48.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 4 | 5.6 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BIRCHWOOD MANOR

| | |
|---|---|
| **Street Address:**<br>1120 NORTH WALNUT | **City and State:**<br>NORTH BEND NE 68649 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>67 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>64 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 60 | 93.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 65.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 53.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 65.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 45.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 20.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.1 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 26 | 40.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 24 | 37.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 29 | 45.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 12.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# CENTENNIAL PARK RETIREMENT CTR

| | |
|---|---|
| **Street Address:**<br>510 CENTENNIAL CIRCLE | **City and State:**<br>NORTH PLATTE NE 69103 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>34 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/04/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>5 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 5 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 5 | 100 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 5 | 100 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 4 | 80.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 20.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 1 | 20.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 1 | 20.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 1 | 20.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 4 | 80.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 0 | 0.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE # | STATE % | NATION # | NATION % |
|---|---|---|---|---|---|
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VALLEY VIEW CARE CENTRE

| | |
|---|---|
| **Street Address:**<br>2900 WEST E ST | **City and State:**<br>NORTH PLATTE NE 69101 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>112 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/13/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>107 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>70 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 103 | 96.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 81 | 75.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 79 | 73.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 73 | 68.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 65 | 60.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 35 | 32.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 3 | 2.8 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 53 | 49.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 44 | 41.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 66 | 61.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 7 | 6.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 12.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# O'NEILL NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>ROUTE 1 PO BOX 756 | **City and State:**<br>O'NEILL NE 68763 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>64 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 47 | 73.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 71.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 44 | 68.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 64.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 65.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 17.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 21 | 32.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 25 | 39.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 33 | 51.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 20 | 31.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OAKLAND HEIGHTS

| | | | |
|---|---|---|---|
| **Street Address:**<br>207 SOUTH ENGDAHL | | **City and State:**<br>OAKLAND NE 68045 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>67 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>01/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 53 | 0 | 53 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 90.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 79.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 64.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 71.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 64.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 18.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 26 | 49.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 43.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 35 | 66.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 11.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# INDIAN HILLS MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>ROUTE 2, BOX 35A | | **City and State:**<br>OGALLALA NE 69153 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>82 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 74 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 86.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 53 | 71.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 57 | 77.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 50 | 67.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 23.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 50 | 67.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 30 | 40.5 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 40 | 54.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 5.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# AKSARBEN MANOR

| | |
|---|---|
| **Street Address:**<br>7410 MERCY RD | **City and State:**<br>OMAHA NE 68124 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>174 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>158 | **Medicare Residents:**<br>6 | **Medicaid Residents:**<br>121 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 140 | 88.6 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 142 | 89.9 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 119 | 75.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 124 | 78.5 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 113 | 71.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 1.9 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 76 | 48.1 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 93 | 58.9 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 57 | 36.1 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 91 | 57.6 | 49.9 | 58.4 |
| **Residents with bed sores.** | 17 | 10.8 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 19 | 12.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# DOUGLAS COUNTY HOSPITAL

| | |
|---|---|
| **Street Address:**<br>4102 WOOLWORTH AVE | **City and State:**<br>OMAHA NE 68105 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>272 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>04/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>264 | **Medicare Residents:**<br>1 | **Medicaid Residents:**<br>236 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 226 | 85.6 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 205 | 77.7 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 184 | 69.7 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 176 | 66.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 177 | 67.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 85 | 32.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 7 | 2.7 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 148 | 56.1 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 131 | 49.6 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 196 | 74.2 | 49.9 | 58.4 |
| **Residents with bed sores.** | 22 | 8.3 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 77 | 29.2 | 23.6 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | NOT MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FLORENCE HEIGHT VILLAGE NURSING CTR

| | |
|---|---|
| **Street Address:**<br>3220 SCOTT ST | **City and State:**<br>OMAHA NE 68112 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>80 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>68 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>19 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 46 | 67.6 | 78.5 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 61 | 89.7 | 75.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 43 | 63.2 | 67.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 82.4 | 68.7 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 61.8 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.9 | 3.9 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 12 | 17.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 24 | 35.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 16 | 23.5 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 52 | 76.5 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 2.9 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 3 | 4.4 | 23.6 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FLORENCE HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>7915 NORTH 30TH STREET | | **City and State:**<br>OMAHA NE 68112 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>128 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>12/04/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>121 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>65 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 89 | 73.6 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 106 | 87.6 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 89 | 73.6 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 58.7 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 90 | 74.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.8 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 66 | 54.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.8 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 50 | 41.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 42 | 34.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 77 | 63.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 4.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 27 | 22.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HALLMARK CARE CENTER

| | |
|---|---|
| **Street Address:**<br>5505 GROVER STREET | **City and State:**<br>OMAHA NE 68106 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>177 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/08/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>165 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>130 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 124 | 75.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 117 | 70.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 115 | 69.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 115 | 69.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 101 | 61.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.2 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 32 | 19.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 108 | 65.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 74 | 44.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 91 | 55.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 15 | 9.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 17 | 10.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# IMMANUEL FONTENELLE HOME

| | |
|---|---|
| **Street Address:**<br>6901 NORTH 72ND STREET | **City and State:**<br>OMAHA NE 68112 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>200 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>04/10/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>196 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>103 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 189 | 96.4 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 161 | 82.1 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 142 | 72.4 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 183 | 93.4 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 141 | 71.9 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 60 | 30.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 0.5 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 97 | 49.5 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 87 | 44.4 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 140 | 71.4 | 49.9 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 70 | 35.7 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LINDENWOOD NURS HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>910 SOUTH 40TH STREET | | **City and State:**<br>OMAHA NE 68105 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 65 | 0 | 12 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 63.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 76.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 60.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 61.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 52.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 15.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 14 | 21.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 24 | 36.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 22 | 33.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 7.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 20.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# LUTHERAN HOME

| | |
|---|---|
| **Street Address:**<br>530 S 26TH ST | **City and State:**<br>OMAHA NE 68105 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>180 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>06/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 58 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 98.3 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 57 | 98.3 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 56 | 96.6 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 57 | 98.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 46.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 7 | 12.1 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 23 | 39.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 41 | 70.7 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 34 | 58.6 | 49.9 | 58.4 |
| **Residents with bed sores.** | 7 | 12.1 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 18 | 31.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAPLE-CREST CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>2824 NORTH 66TH AVENUE | | **City and State:**<br>OMAHA NE 68104 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>184 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>02/26/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 164 | 0 | 87 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 138 | 84.1 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 138 | 84.1 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 114 | 69.5 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 116 | 70.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 119 | 72.6 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 3.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 42 | 25.6 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 5 | 3.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 59 | 36.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 71 | 43.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 98 | 59.8 | 49.9 | 58.4 |
| **Residents with bed sores.** | 17 | 10.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 44 | 26.8 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MERCY CARE CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1870 S 75TH ST | | **City and State:**<br>OMAHA NE 68124 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>250 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>04/08/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>232 | **Medicare Residents:**<br>46 | **Medicaid Residents:**<br>77 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 198 | 85.3 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 206 | 88.8 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 204 | 87.9 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 202 | 87.1 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 172 | 74.1 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 5 | 2.2 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 120 | 51.7 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 22 | 9.5 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 129 | 55.6 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 86 | 37.1 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 116 | 50.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 45 | 19.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 66 | 28.4 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# METHODIST MIDTOWN

| | |
|---|---|
| **Street Address:**<br>3612 CUMING ST | **City and State:**<br>OMAHA NE 68131 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF | **# of Beds:**<br>88 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>05/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>40 | **Medicare Residents:**<br>31 | **Medicaid Residents:**<br>2 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 35 | 87.5 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 37 | 92.5 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 37 | 92.5 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 82.5 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 52.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 35.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 4 | 10.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 13 | 32.5 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 4 | 10.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 12 | 30.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 5 | 12.5 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 20 | 50.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MILLARD GOOD SAMARITAN CTR

| | |
|---|---|
| **Street Address:**<br>12856 DEAUVILLE DR | **City and State:**<br>OMAHA NE 68137 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>113 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>12/21/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>111 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 88 | 79.3 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 94 | 84.7 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 86 | 77.5 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 91 | 82.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 83 | 74.8 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.7 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 37 | 33.3 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 2 | 1.8 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 43 | 38.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 56 | 50.5 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 61 | 55.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 7 | 6.3 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 22 | 19.8 | 23.6 | 31.2 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MONTCLAIR NURS CTR

| **Street Address:** | **City and State:** |
|---|---|
| 2525 S 135TH AVE | OMAHA NE 68144 |

| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
|---|---|---|---|
| MEDICARE SNF | 179 | PROPRIETARY | 11/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 121 | 0 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 105 | 86.8 | 78.5 | 81.5 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 98 | 81.0 | 75.7 | 83.2 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 97 | 80.2 | 67.0 | 73.8 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 92 | 76.0 | 68.7 | 77.2 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 93 | 76.9 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 54 | 44.6 | 3.9 | 4.6 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 34 | 28.1 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 46 | 38.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 50 | 41.3 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 71 | 58.7 | 49.9 | 58.4 |
| **Residents with bed sores.** | 6 | 5.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 60 | 49.6 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# NORTHVIEW VILLA

| | |
|---|---|
| **Street Address:**<br>2406 FLOWLER AVENUE | **City and State:**<br>OMAHA NE 68111 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>54 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>04/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>39 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 19 | 48.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 30 | 76.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 11 | 28.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 43.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 10 | 25.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 1 | 2.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 3 | 7.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 2 | 5.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 14 | 35.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 2.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 7.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OMAHA NURSING HOME INC

| | |
|---|---|
| **Street Address:**<br>4835 S 49TH ST | **City and State:**<br>OMAHA NE 68117 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>83 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/29/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>71 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 71 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 64 | 90.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 48 | 67.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 47 | 66.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 32.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 19 | 26.8 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 14.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 16 | 22.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 14.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 40 | 56.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 9.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# REDMAN NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>4809 REDMAN AVE | **City and State:**<br>OMAHA NE 68104 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>129 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>118 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>111 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 86 | 72.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 87 | 73.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 63 | 53.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 60.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 58.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 2.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 16.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 59 | 50.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 28 | 23.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 73 | 61.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 5.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 10 | 8.5 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPH HOSPITAL R.C.U.

| | |
|---|---|
| **Street Address:**<br>601 NORTH 30TH ST | **City and State:**<br>OMAHA NE 68131 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF | **# of Beds:**<br>22 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/05/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>20 | **Medicare Residents:**<br>18 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 19 | 95.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 17 | 85.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 85.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 85.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 11 | 55.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 35.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 10 | 50.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 3 | 15.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 6 | 30.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 15.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 5 | 25.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ST JOSEPH VILLA

| | |
|---|---|
| **Street Address:**<br>2305 SOUTH 10TH STREET | **City and State:**<br>OMAHA NE 68108 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>180 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/16/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>107 | **Medicare Residents:**<br>4 | **Medicaid Residents:**<br>10 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 81 | 75.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 92 | 86.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 88 | 82.2 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 90 | 84.1 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 90 | 84.1 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 54 | 50.5 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 5 | 4.7 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 57 | 53.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 48 | 44.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 57 | 53.3 | 49.9 | 58.4 |
| **Residents with bed sores.** | 6 | 5.6 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 7 | 6.5 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE AMBASSADOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1540 NORTH 72ND ST | | **City and State:**<br>OMAHA NE 68114 | |
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>166 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 155 | 0 | 117 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 129 | 83.2 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 109 | 70.3 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 84 | 54.2 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 97 | 62.6 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 72 | 46.5 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.6 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 17.4 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 74 | 47.7 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 58 | 37.4 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 71 | 45.8 | 49.9 | 58.4 |
| **Residents with bed sores.** | 11 | 7.1 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 19 | 12.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE AMBASSADOR

| | |
|---|---|
| **Street Address:**<br>1540 N 72ND ST | **City and State:**<br>OMAHA NE 68114 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>174 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>06/29/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>155 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>155 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 132 | 85.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 107 | 69.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 102 | 65.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 130 | 83.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 92 | 59.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 1.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 14.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 0.6 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 63 | 40.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 64 | 41.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 77 | 49.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 3.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 29 | 18.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VILLE DE SANTE

| | |
|---|---|
| **Street Address:**<br>6032 VILLE DE SANTE DR | **City and State:**<br>OMAHA NE 68104 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>128 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>117 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 102 | 87.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 100 | 85.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 84 | 71.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 88 | 75.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 87 | 74.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 0.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 37 | 31.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 46 | 39.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 51 | 43.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 63 | 53.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 4.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 18 | 15.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WILLIAMS CARE MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>3525 EVANS STREET | | **City and State:**<br>OMAHA NE 68111 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>12/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>46 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 59.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 71.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 52.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 50.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 29.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 21.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 40.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 22 | 38.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 8.8 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# 1OSE BLUMKIN JEWISH HOME

| | |
|---|---|
| **Street Address:**<br>323 S 132ND ST | **City and State:**<br>OMAHA NE 68154 |

| | | | |
|---|---|---|---|
| **Participation:** | **# of Beds:** | **Type of Ownership:** | **Survey Date:** |
| MEDICARE/MEDICAID SNF/ICF | 97 | NON-PROFIT PRIVATE | 09/11/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
| 88 | 0 | 36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 20 | 22.7 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 56 | 63.6 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 40.9 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 60 | 68.2 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 48.9 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 3 | 3.4 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 18.2 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 0 | 0.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 17 | 19.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 21 | 23.9 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 58 | 65.9 | 49.9 | 58.4 |
| **Residents with bed sores.** | 1 | 1.1 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 19 | 21.6 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VALLEY CO HOSP LTC

| | | | |
|---|---|---|---|
| **Street Address:**<br>217 WESTRIDGE DRIVE | | **City and State:**<br>ORD NE 68862 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>73 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>09/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 64 | 92.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 46 | 66.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 41 | 59.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 84.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 37 | 53.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 14.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 16 | 23.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.4 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 23 | 33.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 20 | 29.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 36 | 52.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 5.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 10.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# OSCEOLA GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>600 CENTER ST | **City and State:**<br>OSCEOLA NE 68651 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>61 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/19/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 70.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 87.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 47.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 38 | 66.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 36 | 63.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 6 | 10.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 26.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 42.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 19 | 33.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 42.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 14.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GARDEN COUNTY NH

| | |
|---|---|
| **Street Address:**<br>PO BOX 320 | **City and State:**<br>OSHKOSH NE 69154 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>36 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>11/06/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 27 | 0 | 16 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 96.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 96.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 22 | 81.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 88.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 85.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 48.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 7.4 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 33.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 55.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 19 | 70.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 7.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 27 | 100 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WALKER POST MANOR

| | |
|---|---|
| **Street Address:**<br>404 DERBY ST | **City and State:**<br>OXFORD NE 68967 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 61.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 74.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 55.9 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 61.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 31 | 52.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 32.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 28 | 47.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 39.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 29 | 49.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 27 | 45.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement.. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | NOT MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | NOT MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COOLIDGE CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>RT 2 | | **City and State:**<br>PALMER NE 68864 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>42 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/31/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 36 | 0 | 17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 19 | 52.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 25 | 69.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 22 | 61.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 21 | 58.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 25 | 69.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.8 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 27.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 7 | 19.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 30.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 9 | 25.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 5.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 2 | 5.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HUNTINGTON PARK CARE CTR

| | |
|---|---|
| **Street Address:**<br>1507 GOLD COAST RD | **City and State:**<br>PAPILLION NE 68046 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>112 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/13/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>103 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>59 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 101 | 98.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 85 | 82.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 78 | 75.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 68 | 66.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 85 | 82.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 38 | 36.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 40 | 38.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 43 | 41.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 94 | 91.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 1.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 32 | 31.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PAWNEE MANOR INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>438 12TH ST | | **City and State:**<br>PAWNEE CITY NE 68420 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>66 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>10/28/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>61 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>25 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 39 | 63.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 43 | 70.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 62.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 27 | 44.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 68.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 16.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 20 | 32.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 17 | 27.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 29 | 47.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 8.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 22 | 36.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PENDER CARE CENTRE

| | |
|---|---|
| **Street Address:**<br>200 VALLEY VIEW DR | **City and State:**<br>PENDER NE 68047 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>60 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 38 | 63.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 68.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 60.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 68.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 20 | 33.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 28.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 31 | 51.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 35.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 31 | 51.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 11.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PIERCE MANOR

**Street Address:** 515 E MAIN ST

**City and State:** PIERCE NE 68767

**Participation:** MEDICAID ICF

**# of Beds:** 86

**Type of Ownership:** PROPRIETARY

**Survey Date:** 01/25/88

## SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:** 74

**Medicare Residents:** 0

**Medicaid Residents:** 42

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 58 | 78.4 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 49 | 66.2 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 38 | 51.4 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 55.4 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 35.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 11 | 14.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.4 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 38 | 51.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 17.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 40 | 54.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 10.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PLAINVIEW MANOR

| | |
|---|---|
| **Street Address:**<br>PO BOX 219 | **City and State:**<br>PLAINVIEW NE 68769 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/23/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>54 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>16 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 98.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 74.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 70.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 68.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 55.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 18.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 37 | 68.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 20 | 37.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 16 | 29.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 26 | 48.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE PLATTSMOUTH MANOR

| | |
|---|---|
| **Street Address:**<br>602 S 18TH ST | **City and State:**<br>PLATTSMOUTH NE 68048 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>123 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>02/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>101 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>79 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 72 | 71.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 68 | 67.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 55 | 54.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 58 | 57.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 48.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 22.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 52 | 51.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 45 | 44.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 36.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 7 | 6.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 32 | 31.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ELMS HEALTH CARE CENTER INC

| | |
|---|---|
| **Street Address:**<br>P O BOX 565 | **City and State:**<br>PONCA NE 68770 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>53 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>05/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>53 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>32 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 77.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 83.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 18 | 34.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 34.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 41.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 18.9 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 13.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 11 | 20.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 17.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 27 | 50.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | NOT MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | NOT MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# COLONIAL MANOR

| | |
|---|---|
| **Street Address:**<br>811 SOUTH MAIN | **City and State:**<br>RANDOLPH NE 68771 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>64 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/25/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>60 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 98.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 26 | 43.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 40.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 24 | 40.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 40.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 8 | 13.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 20.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 3 | 5.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 14 | 23.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 17 | 28.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 25 | 41.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN HOME

| | |
|---|---|
| **Street Address:**<br>411 WEST GENOA STREET | **City and State:**<br>RAVENNA NE 68869 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>83 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>01/28/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>73 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 72.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 75.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 57.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 44 | 60.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 64.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 11.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 18 | 24.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 28.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 21 | 28.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 6.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 6.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE OF RED CLOUD INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>636 N LOCUST STREET | | **City and State:**<br>RED CLOUD NE 68970 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>53 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>08/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 52 | 0 | 21 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 48 | 92.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 92.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 36 | 69.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 69.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 40 | 76.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 10 | 19.2 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 34.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 39 | 75.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 44.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 32 | 61.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 11.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 25.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKVIEW LODGE N H

| | | | |
|---|---|---|---|
| **Street Address:**<br>307 CONRAD ST | | **City and State:**<br>RUSHVILLE NE 69360 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>44 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>32 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>13 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 30 | 93.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 21 | 65.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 59.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 18 | 56.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 56.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 3.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 6 | 18.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 28.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 7 | 21.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 14 | 43.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 2 | 6.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | NOT MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CLOVERLODGE CARE CTR

| | |
|---|---|
| **Street Address:**<br>301 N 13TH ST REET | **City and State:**<br>SAINT EDWARD NE 68660 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>62 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 50 | 80.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 40 | 64.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 54.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 50 | 80.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 51.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 14.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.2 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 17 | 27.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 18 | 29.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 25 | 40.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 8.1 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 17 | 27.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE LIVING CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>920 JACKSON ST | | **City and State:**<br>SAINT PAUL NE 68873 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>74 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 66 | 0 | 31 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 60 | 90.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 66.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 38 | 57.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 59.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 19 | 28.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 13.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.5 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 35 | 53.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 28 | 42.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 56.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 13 | 19.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SARGENT NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>SOUTH HWY 183 BOX 480 | | **City and State:**<br>SARGENT NE 68874 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>44 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/06/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 30 | 0 | 22 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 14 | 46.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 17 | 56.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 14 | 46.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 12 | 40.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 8 | 26.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 6.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 3 | 10.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 3.3 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 1 | 3.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 6 | 20.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 8 | 26.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 1 | 3.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEMORIAL HOSPITAL SKILLED CARE UNIT

| | |
|---|---|
| **Street Address:**<br>104 W 17TH ST | **City and State:**<br>SCHUYLER NE 68661 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>31 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>06/03/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>27 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 96.3 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 24 | 88.9 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 17 | 63.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 17 | 63.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 15 | 55.6 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 37.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 2 | 7.4 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 3 | 11.1 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 11 | 40.7 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 25 | 92.6 | 49.9 | 58.4 |
| **Residents with bed sores.** | 2 | 7.4 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 2 | 7.4 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SCHUYLER NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>2023 COLFAX AVE | **City and State:**<br>SCHUYLER NE 68661 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 69 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 51 | 73.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 46 | 66.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 40 | 58.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 33 | 47.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 24.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 31 | 44.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 14 | 20.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 29 | 42.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 4.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SCOTTSBLUFF NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>111 W 36TH ST | **City and State:**<br>SCOTTSBLUFF NE 69361 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>158 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>119 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>84 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 114 | 95.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 84 | 70.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 65 | 54.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 52.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 37.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 22.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 55 | 46.2 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 39 | 32.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 47 | 39.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 4.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 4.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WEST NEBRASKA GEN HOSP SNF

| | | | |
|---|---|---|---|
| **Street Address:**<br>4021 AVENUE B | | **City and State:**<br>SCOTTSBLUFF NE 69361 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF | **# of Beds:**<br>20 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>10/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 3 | 0 | 0 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 3 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 3 | 100 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 3 | 100 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 3 | 100 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 1 | 33.3 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 2 | 66.7 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 33.3 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 1 | 33.3 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 0 | 0.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 0 | 0.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 0 | 0.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 1 | 33.3 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>815 LOGAN STREET | | **City and State:**<br>SCRIBNER NE 68057 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>83 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>10/26/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 78 | 0 | 36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 77 | 98.7 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 61.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 39 | 50.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 50.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 47 | 60.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 6 | 7.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 19 | 24.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 14 | 17.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 32 | 41.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 2.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 26 | 33.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>624 PINEWOOD AVENUE | **City and State:**<br>SEWARD NE 68434 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>56 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>02/05/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>10 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 34 | 65.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 33 | 63.5 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 61.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 42.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 65.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 21 | 40.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 22 | 42.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.9 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 28.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 21.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 46.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUNDERMANN ANNA HOME

| | |
|---|---|
| **Street Address:**<br>446 PINEWOOD AVE | **City and State:**<br>SEWARD NE 68434 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>NON-PROFIT PRIVATE | **Survey Date:**<br>12/30/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>57 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 32 | 56.1 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 63.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 56.1 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 57.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 27 | 47.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 24 | 42.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 20 | 35.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 20 | 35.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 24 | 42.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 21 | 36.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 14.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MEMORIAL HOSPITAL & HOME

| | |
|---|---|
| **Street Address:**<br>7TH + OSAGE STS | **City and State:**<br>SIDNEY NE 69162 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID SNF/ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>09/03/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>50 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 26 | 52.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 30 | 60.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 21 | 42.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 23 | 46.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 42.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 19 | 38.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 2.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 11 | 22.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 13 | 26.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 13 | 26.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 3 | 6.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 2 | 4.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SIDNEY NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>1425 TOLEDO AVE | **City and State:**<br>SIDNEY NE 69162 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>58 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/14/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>56 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>30 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 56 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 39 | 69.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 62.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 35 | 62.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 21 | 37.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 23.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 21.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 23.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 19 | 33.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 12.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GREEN ACRES NURSING HOME

| | | | |
|---|---|---|---|
| **Street Address:**<br>3501 DAKOTA AVENUE | | **City and State:**<br>SOUTH SIOUX CITY NE 68776 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>82 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/27/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 80 | 3 | 39 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 80 | 100 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 67 | 83.7 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 60 | 75.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 73.7 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 55.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.2 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 27 | 33.7 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 4 | 5.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 49 | 61.2 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 34 | 42.5 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 30 | 37.5 | 49.9 | 58.4 |
| **Residents with bed sores.** | 6 | 7.5 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 40 | 50.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | NOT MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# FRIENDSHIP VILLA

| | | | |
|---|---|---|---|
| **Street Address:**<br>BOX 190 | | **City and State:**<br>SPALDING NE 68665 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>48 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/15/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 41 | 0 | 27 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 40 | 97.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 29 | 70.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 73.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 61.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 68.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 41.5 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 18 | 43.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 51.2 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 26 | 63.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 19.5 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE
## STANTON NH

| | |
|---|---|
| **Street Address:**<br>301 17TH ST | **City and State:**<br>STANTON NE 68779 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>69 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/23/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>67 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>28 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 67 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 71.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 34 | 50.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 34 | 50.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 50.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 26.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.5 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 17.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 21 | 31.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 27 | 40.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 19 | 28.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MIDWEST COVENANT HOME INC

| | | | |
|---|---|---|---|
| **Street Address:**<br>615 EAST 9TH STREET | | **City and State:**<br>STROMSBURG NE 68666 | |
| **Participation:**<br>MEDICARE/MEDICAID SNF/ICF | **# of Beds:**<br>104 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>05/14/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 100 | 0 | 33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 99 | 99.0 | 78.5 | 81.5 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 78 | 78.0 | 75.7 | 83.2 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 69 | 69.0 | 67.0 | 73.8 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 61 | 61.0 | 68.7 | 77.2 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 61 | 61.0 | 60.9 | 68.2 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 3.9 | 4.6 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 25 | 25.0 | 30.7 | 37.7 |
| **Completely bedfast residents.** | 1 | 1.0 | 2.3 | 3.4 |
| **Residents confined to chairs.** | 62 | 62.0 | 38.7 | 50.8 |
| **Residents requiring restraints.** | 42 | 42.0 | 35.5 | 41.3 |
| **Confused or disoriented residents.** | 26 | 26.0 | 49.9 | 58.4 |
| **Residents with bed sores.** | 4 | 4.0 | 6.7 | 7.1 |
| **Residents receiving special skin care.** | 10 | 10.0 | 23.6 | 31.2 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 5 | 9.3 | 201 | 2.1 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 0 | 0.0 | 518 | 5.5 |
| Each resident is free from mental and physical abuse. | NOT MET | 4 | 7.4 | 168 | 1.8 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 8 | 14.8 | 806 | 8.5 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 8 | 14.8 | 1618 | 17.1 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 1.9 | 36 | 0.4 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 10 | 18.5 | 205 | 2.2 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 30 | 0.3 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 2 | 3.7 | 145 | 1.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 49 | 0.5 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 7 | 13.0 | 508 | 5.4 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 16 | 29.6 | 2816 | 29.8 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 6 | 11.1 | 1733 | 18.3 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 6 | 11.1 | 1052 | 11.1 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 13 | 24.1 | 1512 | 16.0 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 8 | 14.8 | 1665 | 17.6 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 6 | 11.1 | 1123 | 11.9 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 14 | 25.9 | 2045 | 21.6 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 9 | 16.7 | 1662 | 17.6 |
| Drugs are administered according to the written orders of the attending physician. | MET | 13 | 24.1 | 2739 | 29.0 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 11 | 20.4 | 1389 | 14.7 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 9 | 16.7 | 587 | 6.2 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | NOT MET | 4 | 7.4 | 816 | 8.6 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 3 | 5.6 | 1099 | 11.6 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 14.8 | 1270 | 13.4 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 22 | 40.7 | 1216 | 12.9 |
| All common resident areas are clean, sanitary and free of odors. | MET | 12 | 22.2 | 1041 | 11.0 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 1 | 1.9 | 1413 | 14.9 |
| Resident care equipment is clean and maintained in safe operating condition. | NOT MET | 13 | 24.1 | 1408 | 14.9 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 18 | 33.3 | 2340 | 24.7 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 2 | 3.7 | 700 | 7.4 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 39 | 72.2 | 4050 | 42.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PARKSIDE MANOR

| | | | |
|---|---|---|---|
| **Street Address:**<br>BOX A MAIN STREET | | **City and State:**<br>STUART NE 68780 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>55 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>05/20/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 49 | 0 | 24 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 49 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 41 | 83.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 35 | 71.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 73.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 45 | 91.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 20.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 11 | 22.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 18 | 36.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 32 | 65.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 26 | 53.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>RR #2 BOX 6 | | **City and State:**<br>SUPERIOR NE 68978 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>83 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>10/09/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 74 | 0 | 42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 74 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 59 | 79.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 58 | 78.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 63 | 85.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 49 | 66.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 2.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 23 | 31.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 11 | 14.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 23 | 31.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 56 | 75.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 6.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 58 | 78.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE CENTER

| | |
|---|---|
| **Street Address:**<br>333 MAPLE | **City and State:**<br>SUTHERLAND NE 69165 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>62 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>04/01/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>52 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 41 | 78.8 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 84.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 19 | 36.5 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 75.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 29 | 55.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 8 | 15.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 28 | 53.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 17.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 15 | 28.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 19 | 36.5 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SUTTON COMMUNITY HOME

| | |
|---|---|
| **Street Address:**<br>1106 N SAUNDERS ST BOX 543 | **City and State:**<br>SUTTON NE 68979 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>46 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>31 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 29 | 93.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 22 | 71.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 22 | 71.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 93.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 17 | 54.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 32.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 16 | 51.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 9 | 29.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 12 | 38.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 9.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# GOOD SAMARITAN CTR

| | |
|---|---|
| **Street Address:**<br>1622 WALNUT ST | **City and State:**<br>SYRACUSE NE 68446 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>113 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>07/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>113 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 113 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 93 | 82.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 71 | 62.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 67 | 59.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 64 | 56.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 28 | 24.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 39 | 34.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 9.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 33 | 29.2 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 3.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 19 | 16.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# MAPLE GROVE HOME

| | |
|---|---|
| **Street Address:**<br>R R 2 BOX 207 | **City and State:**<br>TECUMSEH NE 68450 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>30 | **Type of Ownership:**<br>NON-PROFIT RELIGIOUS | **Survey Date:**<br>12/07/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>28 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>11 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 25 | 89.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 25 | 89.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 24 | 85.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 22 | 78.6 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 18 | 64.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 11 | 39.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 9 | 32.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 46.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 8 | 28.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 10.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 9 | 32.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TECUMSEH CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>3RD ST | | **City and State:**<br>TECUMSEH NE 68450 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>73 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 59 | 0 | 36 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 55 | 93.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 42 | 71.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 50.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 50.8 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 50.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 15 | 25.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 24 | 40.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.4 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 24 | 40.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 22.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 26 | 44.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.4 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 5.1 | 21.3 | 24.0 |

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TEKAMAH NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>823 NORTH ST | | **City and State:**<br>TEKAMAH NE 68061 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>63 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 56 | 0 | 42 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 94.6 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 45 | 80.4 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 75.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 42 | 75.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 42 | 75.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 5.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 26.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 14 | 25.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 31 | 55.4 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 21 | 37.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 6 | 10.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | [illegible] | |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | NOT MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# TILDEN NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>401 PARK | **City and State:**<br>TILDEN NE 68781 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>09/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>26 |

| Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 91.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 38 | 80.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 61.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 32 | 68.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 72.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 5 | 10.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 9 | 19.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 27 | 57.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 8 | 17.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 19 | 40.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.3 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 3 | 6.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# EL DORADO MANOR

| | |
|---|---|
| **Street Address:**<br>JUNCTION HIGHWAY 25 & 34 | **City and State:**<br>TRENTON NE 69044 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>03/24/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>47 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>10 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 33 | 70.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 28 | 59.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 66.0 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 25 | 53.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 26 | 55.3 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 4.3 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 10 | 21.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 10 | 21.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 14 | 29.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 15 | 31.9 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 8.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 11 | 23.4 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# BETHESDA CARE OF UTICA

| | | | |
|---|---|---|---|
| **Street Address:**<br>R R #1 BOX 30 | | **City and State:**<br>UTICA NE 68456 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>47 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>11/18/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>46 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>17 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 43 | 93.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 32 | 69.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 27 | 58.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 28 | 60.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 28 | 60.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 32.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 25 | 54.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 32.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 23 | 50.0 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 19 | 41.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# PINE VIEW GOOD SAM CTR

| | |
|---|---|
| **Street Address:**<br>601 WEST 4TH | **City and State:**<br>VALENTINE NE 69201 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>10/08/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>55 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>26 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 53 | 96.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 87.3 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 31 | 56.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 30 | 54.5 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 35 | 63.6 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 21.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 15 | 27.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 13 | 23.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 23 | 41.8 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 12.7 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# VALHAVEN NURSING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>300 W MEIGS | | **City and State:**<br>VALLEY NE 68064 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>60 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>01/25/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>59 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>34 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 56 | 94.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 50 | 84.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 40 | 67.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 36 | 61.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 43 | 72.9 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.7 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 13 | 22.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.7 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 21 | 35.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 22 | 37.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 37 | 62.7 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 11.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# ALPINE VILLAGE

| | |
|---|---|
| **Street Address:**<br>702 JAMES STREET | **City and State:**<br>VERDIGRE NE 68783 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>02/18/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>64 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>21 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY # | FACILITY % | STATE % | NATION % |
|---|---|---|---|---|
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 61 | 95.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 55 | 85.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 51.6 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 61 | 95.3 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 32 | 50.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 14 | 21.9 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 39 | 60.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 25 | 39.1 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 38 | 59.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.7 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 34 | 53.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HAVEN HOUSE

| | |
|---|---|
| **Street Address:**<br>1145 LAUREL ST | **City and State:**<br>WAHOO NE 68066 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/27/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>69 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>19 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 62 | 89.9 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 57 | 82.6 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 53 | 76.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 51 | 73.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 52 | 75.4 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 35 | 50.7 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.4 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 37 | 53.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 26 | 37.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 27 | 39.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 4 | 5.8 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 5 | 7.2 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | NOT MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | NOT MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | NOT MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# SAUNDERS CO COMM HOSPITAL LTC

| | |
|---|---|
| **Street Address:**<br>805 EST 10TH STREET | **City and State:**<br>WAHOO NE 68066 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>75 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>02/26/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>75 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>22 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 52 | 69.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 65 | 86.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 59 | 78.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 59 | 78.7 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 59 | 78.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 18 | 24.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 3 | 4.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 35 | 46.7 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 41 | 54.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 55 | 73.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 1 | 1.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WAKEFIELD HEALTH CARE CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>306 ASH STREET | | **City and State:**<br>WAKEFIELD NE 68784 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>01/07/88 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 63 | 0 | 14 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 63 | 100 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 48 | 76.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 42 | 66.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 45 | 71.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 54.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 3 | 4.8 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 27.0 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 40 | 63.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 34 | 54.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 24 | 38.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 5 | 7.9 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 18 | 28.6 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# HERITAGE OF WAUNETA INC

| | |
|---|---|
| **Street Address:**<br>BOX 1204 427 LEGION | **City and State:**<br>WAUNETA NE 69045 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>48 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>07/31/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>39 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>23 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 36 | 92.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 32 | 82.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 29 | 74.4 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 29 | 74.4 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 23 | 59.0 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 5.1 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 12 | 30.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 5 | 12.8 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 16 | 41.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 10 | 25.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 2.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 16 | 41.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WAUSA NURSING CENTER

| | |
|---|---|
| **Street Address:**<br>703 S VIVIAN | **City and State:**<br>WAUSA NE 68786 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>52 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>04/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>48 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>35 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 48 | 100 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 33 | 68.8 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 26 | 54.2 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 20 | 41.7 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 22 | 45.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 2.1 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 3 | 6.3 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 17 | 35.4 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 22.9 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 13 | 27.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 4.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 16 | 33.3 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WAYNE CARE CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>918 MAIN ST | | **City and State:**<br>WAYNE NE 68787 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>94 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>11/24/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>89 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>39 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 85 | 95.5 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 56 | 62.9 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 39 | 43.8 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 39 | 43.8 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 34 | 38.2 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 23 | 25.8 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 25 | 28.1 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 17 | 19.1 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 27 | 30.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 44 | 49.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 0 | 0.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 8 | 9.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | NOT MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WEST POINT LIVING CENTER

| | | | |
|---|---|---|---|
| **Street Address:**<br>ROUTE 3 PROSPECT ROAD | | **City and State:**<br>WEST POINT NE 68788 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>PROPRIETARY | **Survey Date:**<br>03/15/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>67 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>29 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 66 | 98.5 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 44 | 65.7 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 33 | 49.3 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 37 | 55.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 44.8 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 7 | 10.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 12 | 17.9 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 22 | 32.8 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 25 | 37.3 | 48.4 | 55.8 |
| **Residents with bed sores.** | 2 | 3.0 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 18 | 26.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | NOT MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WILBER NURSING HOME

**Street Address:** 610 N MAIN

**City and State:** WILBER NE 68465

**Participation:** MEDICAID ICF

**# of Beds:** 120

**Type of Ownership:** LOCAL GOVERNMENT

**Survey Date:** 03/24/88

## SELECTED RESIDENT CHARACTERISTICS

**Total Residents on Day of Survey:** 116

**Medicare Residents:** 0

**Medicaid Residents:** 37

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing** | | | | |
| Residents requiring some or total assistance in bathing. | 64 | 55.2 | 79.9 | 78.3 |
| **Dressing** | | | | |
| Residents requiring some or total assistance in dressing. | 75 | 64.7 | 72.6 | 76.7 |
| **Toileting** | | | | |
| Residents requiring some or total assistance in toileting. | 63 | 54.3 | 60.1 | 63.4 |
| **Transferring** | | | | |
| Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 71 | 61.2 | 62.1 | 66.0 |
| **Continence** | | | | |
| Residents with catheters or partial or total loss of bowel or bladder control. | 69 | 59.5 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating** | | | | |
| Residents receiving tube feedings or requiring assistance with eating. | 33 | 28.4 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 3 | 2.6 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 29 | 25.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 27 | 23.3 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 69 | 59.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 6 | 5.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 43 | 37.1 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WISNER MANOR

| | |
|---|---|
| **Street Address:**<br>N 9TH ST | **City and State:**<br>WISNER NE 68791 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>65 | **Type of Ownership:**<br>LOCAL GOVERNMENT | **Survey Date:**<br>08/12/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>63 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>20 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 60 | 95.2 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 51 | 81.0 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 32 | 50.8 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 31 | 49.2 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 24 | 38.1 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.6 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 15 | 23.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 26 | 41.3 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 8 | 12.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 28 | 44.4 | 48.4 | 55.8 |
| **Residents with bed sores.** | 1 | 1.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 32 | 50.8 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | NOT MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | NOT MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | NOT MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | NOT MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | NOT MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WESTERN HALL CO GOOD SAM CTR

| | | | |
|---|---|---|---|
| **Street Address:**<br>1401 EAST STREET BOX 517 | | **City and State:**<br>WOOD RIVER NE 68883 | |
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>72 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>12/17/87 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>66 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>33 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 59 | 89.4 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 49 | 74.2 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 43 | 65.2 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 41 | 62.1 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 44 | 66.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 1 | 1.5 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 17 | 25.8 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 2 | 3.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 31 | 47.0 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 15 | 22.7 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 34 | 51.5 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 4.5 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 2 | 3.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | NOT MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | NOT MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | NOT MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | NOT MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | NOT MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | NOT MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | NOT MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# WYMORE GOOD SAMARITAN CENTER

| | |
|---|---|
| **Street Address:**<br>105 EAST D ST | **City and State:**<br>WYMORE NE 68466 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>59 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>02/02/88 |

## SELECTED RESIDENT CHARACTERISTICS

| | | |
|---|---|---|
| **Total Residents on Day of Survey:**<br>58 | **Medicare Residents:**<br>0 | **Medicaid Residents:**<br>37 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 57 | 98.3 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 36 | 62.1 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 30 | 51.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 33 | 56.9 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 30 | 51.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 2 | 3.4 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 21 | 36.2 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 1 | 1.7 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 20 | 34.5 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 11 | 19.0 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 25 | 43.1 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 5.2 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 15 | 25.9 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

# SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE
# THE HEARTHSTONE

| | |
|---|---|
| **Street Address:**<br>2319 LINCOLN AVE | **City and State:**<br>YORK NE 68467 |

| | | | |
|---|---|---|---|
| **Participation:**<br>MEDICAID ICF | **# of Beds:**<br>170 | **Type of Ownership:**<br>NON-PROFIT OTHER | **Survey Date:**<br>12/16/87 |

## SELECTED RESIDENT CHARACTERISTICS

| **Total Residents on Day of Survey:** | **Medicare Residents:** | **Medicaid Residents:** |
|---|---|---|
| 35 | 0 | 3 |

| **Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services. | FACILITY | | STATE | NATION |
|---|---|---|---|---|
| | # | % | % | % |
| **Bathing**<br>Residents requiring some or total assistance in bathing. | 28 | 80.0 | 79.9 | 78.3 |
| **Dressing**<br>Residents requiring some or total assistance in dressing. | 15 | 42.9 | 72.6 | 76.7 |
| **Toileting**<br>Residents requiring some or total assistance in toileting. | 16 | 45.7 | 60.1 | 63.4 |
| **Transferring**<br>Residents requiring some or total assistance moving from bed to chair or to tub or toilet. | 14 | 40.0 | 62.1 | 66.0 |
| **Continence**<br>Residents with catheters or partial or total loss of bowel or bladder control. | 16 | 45.7 | 55.7 | 59.1 |
| Residents on individually written bowel and bladder retraining program. | 0 | 0.0 | 4.8 | 6.1 |
| **Eating**<br>Residents receiving tube feedings or requiring assistance with eating. | 3 | 8.6 | 25.8 | 29.3 |
| **Completely bedfast residents.** | 0 | 0.0 | 0.6 | 3.6 |
| **Residents confined to chairs.** | 3 | 8.6 | 36.5 | 39.1 |
| **Residents requiring restraints.** | 10 | 28.6 | 31.1 | 31.7 |
| **Confused or disoriented residents.** | 10 | 28.6 | 48.4 | 55.8 |
| **Residents with bed sores.** | 3 | 8.6 | 3.9 | 4.7 |
| **Residents receiving special skin care.** | 7 | 20.0 | 21.3 | 24.0 |

# SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed. | MET | 1 | 0.6 | 65 | 1.2 |
| The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months. | MET | 8 | 4.6 | 198 | 3.6 |
| Each resident is free from mental and physical abuse. | MET | 14 | 8.1 | 79 | 1.4 |
| Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies. | NOT MET | 38 | 22.0 | 564 | 10.3 |
| Each resident is given privacy during treatment and care of personal needs. | MET | 22 | 12.7 | 798 | 14.6 |
| Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident. | MET | 1 | 0.6 | 25 | 0.5 |
| Each resident is allowed to retain and use his/her personal possessions and clothing as space permits. | MET | 35 | 20.2 | 89 | 1.6 |
| Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility ensures that the health care of each resident is under the continuing supervision of a physician. | MET | 0 | 0.0 | 25 | 0.5 |
| Emergency services from a physician are available and provided to each resident who requires emergency care. | MET | 0 | 0.0 | 0 | 0.0 |
| Nursing services are provided at all times to meet the needs of residents. | MET | 20 | 11.6 | 335 | 6.1 |
| Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs. | MET | 36 | 20.8 | 1187 | 21.7 |
| Each resident receives care necessary to prevent skin breakdown. | MET | 27 | 15.6 | 679 | 12.4 |
| Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing. | MET | 11 | 6.4 | 382 | 7.0 |
| Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training. | MET | 53 | 30.6 | 807 | 14.8 |
| Each resident with a urinary catheter receives proper routine care, including periodic evaluation. | MET | 12 | 6.9 | 700 | 12.8 |

## SELECTED PERFORMANCE INDICATORS

| **Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person. | FACILITY MET/ NOT MET | NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS | | | |
|---|---|---|---|---|---|
| | | STATE | | NATION | |
| | | # | % | # | % |
| Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding. | MET | 1 | 0.6 | 255 | 4.7 |
| Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis. | MET | 26 | 15.0 | 748 | 13.7 |
| Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary. | MET | 27 | 15.6 | 601 | 11.0 |
| Drugs are administered according to the written orders of the attending physician. | MET | 38 | 22.0 | 1385 | 25.3 |
| Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. | MET | 46 | 26.6 | 1045 | 19.1 |
| Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants. | MET | 22 | 12.7 | 269 | 4.9 |
| Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency. | MET | 14 | 8.1 | 311 | 5.7 |
| An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any. | MET | 16 | 9.2 | 481 | 8.8 |
| Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician. | MET | 8 | 4.6 | 479 | 8.8 |
| Toilet and bath facilities are clean, sanitary, and free of odors. | MET | 51 | 29.5 | 1064 | 19.4 |
| All common resident areas are clean, sanitary and free of odors. | MET | 58 | 33.5 | 1169 | 21.4 |
| All essential mechanical and electrical equipment is maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Resident care equipment is clean and maintained in safe operating condition. | MET | 0 | 0.0 | 0 | 0.0 |
| Isolation techniques to prevent the spread of infection are followed by all personnel. | MET | 0 | 0.0 | 0 | 0.0 |
| The facility has available at all times a quantity of linen essential for proper care and comfort of residents. | MET | 3 | 1.7 | 267 | 4.9 |
| Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions. | MET | 137 | 79.2 | 2452 | 44.8 |

**Reminder:** The results of the full survey are available
from the State survey agency or the State ombudsman

☆U.S. GOVERNMENT PRINTING OFFICE:1988-222-892

DATE DUE

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

HIGHSMITH 45-220

REF.
HD 7102 .U5N76 1987/88
Nebraska

Medicare/Medicaid nursing home information.

| DATE | ISSUED TO |
|---|---|

REF.
HD 7102 .U5N76 1987/88
Nebraska

Medicare/Medicaid nursing home information.

CMS LIBRARY
3 8095 00015901 8